PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Härris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000042337

1. Corporation Name

EDWIN ARTIS INC.

FILED

02 JAN 24 AM 11: 16

TALEAHASSEE, FLORIDA

Pringipal Place of Business Mailing Add			ess		•			
2740 NE 8TH AVENUE 2740 NE 8T POMPANO BEACH FL 33064 POMPANO I		H AVENUE BEACH FL 33064						
•					REINS	STATEME	MT()1-()2	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					A SIMPLE ALC	ងា <u>សេស មក</u> មាលាក្រុម ប្រ	0,02	
New Principal Office Address, If Applicable 3. New Mai		ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 04/27/2000				
Suite, Apt. #, etc. Suit		Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Numbe			
City & State		City & State	City & State			65-10163-78 Applied For Not Applicable		
Zip	p Country Zip		Country		CERTIFICAT	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names and S	treet Addresses of Each Office	r and/or Director (Flo	rida nonprofit corp	orations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PRES E	Edwin J. A	RTis		NE 8th	Ave.	Ротрепо ВЕЖН	Fl. 33064	
						1.48		
					. 2	0000488 -02/06/02- *****	28121 -01034008 	
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8. Name and Address of Current Registered Agent					9. Name and	Address of New Registere	ed Agent	
ARTIS, EDWIN 2740 NE 8TH AVENUE				Name Street Address (P.O. Box Number is Not Acceptable)				
POMPANO-I	BEACH FL 33064		Suite, Apt. #, Etc.	Suite, Apt#, Etc.				
				City State Zip Code				
10. I, being appo	inted the registered agent of th	e above named corpo	oration, am familiar	with and accept the of	bligations of Sect	ion 607.0505, F.S.		
Signature of Registered Agent	Edwin	Muto	- I REQI	JIR ZD		Date _/2'-/	7-01	

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

SIGNATURE:

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

12-17-01

Daytime Phone #