

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000046584

1. Corporation Name

ART DESIGN CREATION USA INC
343 VIRGINIA ST
HOLLYWOOD FL 33020

2. Principal Office Address

343 VIRGINIA ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL 33

City & State

Zip

33020

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida

5. FEI Number

65-1006329

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CLAUDINE VAN DEN ABEELE

Street Address (P.O. Box Number is Not Acceptable)

343 VIRGINIA ST

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Claudia Abee

REGISTERED AGENT MUST SIGN

Date

4-29-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VAN DEN ABEELE, CLAUDINE	343 VIRGINIA ST	HOLLYWOOD FL 33020
			201.25 AR
			10.00 - ARAR 3
			88.75 - ARSUPP
		01-02 UBR	

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

SIGNATURE:

Claudia Abee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 954-401-3818

Date

Daytime Phone #

CR2E081 (5/01)

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4-29-02

Since I never received the renewal for 2001, because I moved, I want to reinstate my corporation retroactive to this date and pay for 2002

Sincerely

Clifford A. Shultz

P.S. Please if this check does not cover the total amount, return it to me