

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 AM 8:00

DOCUMENT # P00000055834

1. Corporation Name

Artistic Video Inc

2. Principal Office Address

7434 NW 33rd St

Suite, Apt. #, etc.

City & State

Lauderhill FL

Zip

33319

Country

Broward

3. Mailing Office Address

7434 NW 33rd St

Suite, Apt. #, etc.

City & State

Lauderhill FL

Zip

33319

Country

Broward

000031755510
04/02/04--01070--017 **\$900.00

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
651016364

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

Eve Sardi

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

101 Briny Ave

Suite, Apt. #, Etc.

1705

City

Pompano Beach

State

FL

Zip Code

33062

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

Eve Sardi

Date 03/26/2004

REGISTERED AGENT MUST SIGN

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
D	Elkubi Avi	7434 NW 33rd St	Lauderhill FL 33319

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

SIGNATURE:

AVI ELKUBI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/2004

Date

954-5365838

Daytime Phone #

CR2E081 (01/04)