

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 MAY -2 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 000000 76205

1. Corporation Name

ARTISTIC PAPER PROPERTIES, INC.

000005556000--7

-05/17/02--01004--007

****308.75 ****308.75

2. Principal Office Address

120 NE 179 ST.

3. Mailing Office Address

120 NE 179 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI FL

City & State

N. MIAMI FL

Zip

33162

Country

Zip

33162

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08-11-00

5. FEI Number

65-1033816

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

DANIEL ESSIG

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

120 NE 179 ST.

Suite, Apt. #, Etc.

City

N. MIAMI

State

FL

Zip Code

33162

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

REGISTERED AGENT MUST SIGN

Date 04-30-02

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	DANIEL ESSIG	120 NE 179 ST	N. MIAMI FL 33162

01-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-02 - 305-653-7283

Date

Daytime Phone #

CR02081 (9/01)

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April 29, 2002

FLORIDA DEPARTMENT OF STATE

Division of Corporations

409 East Gaines Street

Tallahassee FL 32314

Ref: Doc.#P00000076205

Artistic Paver Properties, Inc.


Sirs:

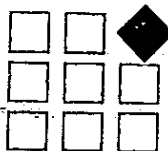
This is to inform you that we had never received the UBR corresponding to the year 2001-2002 due to an error in the address. I request formally to waive the reinstatement charges due to the reason explained. I enclosed a check in the amount of \$308.75 covering \$300.00 for the 2001-2002 fees and \$8.75 for the certificate of status report.

If you have any questions related to this, please do not hesitate to contact me at 305-949-1415 ext.202.

Thank you in advance for your consideration and attention to this matter.

Cordially,


Fernando H. Rios
Controller



Artistic Paver Mfg.

Specializing in unusual sand-set pavers for a distinguished look

120 N.E. 179 Street • North Miami Beach, FL 33162
Phone: (305) 653- Paver (7283) • Fax: (305) 653-7511

E-mail: artisticpavers@cs.com