

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P00000100044

1. Corporation Name

ARTISTIC STONE INC. FURNITURE MANUFACTURING

Principal Place of Business

6900  
6740 N.W. 37 AVE  
MIAMI FL 33147

Mailing Address

6900  
6740 N.W. 37 AVE  
MIAMI FL 33147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3683316

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LUZ DE JESUS, REINA	16236 S.W. 19TH	ST MIRAMAR FL 33027

900009426329  
12/10/02--01009--006 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUZ DE JESUS, REINA  
6740 N.W. 37 AVE  
MIAMI FL 33147

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/2/02

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/2/02 305-693-6458

CR2E040 (8/02)

ARTISTIC STONE INC.  
6740 N.W. 37TH AVE.  
MIAMI, FL 33147

To Whom It May Concern: -

Due To Our Change of  
Address we did not receive  
our application in time to  
mail back to you.

Our New Address Is: -

6900 N.W. 37th AVE  
MIAMI, FL 33147  
PH# 305-693-6458

Thank-you

Reina L. DeJesus

12/2/02