

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

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

FILED

01 NOV 28 PM 2:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000112124**
 1. Corporation Name
ARTMAN STUDIOS, INC.

Principal Place of Business Mailing Address
22964 OLD INLET BRIDGE DR BOCA RATON FL 33433 **22964 OLD INLET BRIDGE DR BOCA RATON FL 33433**

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



2001 UBR 

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **12/01/2000**

5. FEI Number **65-1063242**
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 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	ARTMAN, TRACEY L	22964 OLD INLET BRIDGE DR	BOCA RATON FL 33433

8. Name and Address of Current Registered Agent
ARTMAN, TRACEY L
22964 OLD INLET BRIDGE DR
BOCA RATON FL 33433

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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.

Signature of Registered Agent  Date 11/20/01
 REGISTERED AGENT MUST SIGN

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:  / TRACEY L. ARTMAN 11/20/01 (561) 477-0695
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Katherine Harris

Re: Artman Studios, Inc. Document # P00000112124


Dear Katherine Harris or Assistants to the Sec. Of State,

I've been qualified to do business in the State of Florida since 12/01/2000. I was not aware of the requirement to send in the Corporate Certificate which follows this letter. My former accountant, advised me of this requirement after I received this final notice.

I immediately called the (850) 245-6059 number and spoke to Leslie, explained my situation, and she told me to simply send in the completed form with a check or money order for the original amount of \$150.00.

It is very important to me that my company remains in good standing with the State and I apologize for any inconvenience this may have caused.

Thank You for your time,



Tracey L. Artman
President of Artman Studios, Inc