

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 20 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113200

1. Corporation Name
ART 2000, INC.

2. Principal Office Address
13969 SW 44 LANE CIRCLE

3. Mailing Office Address
6800 BIRD ROAD

Suite, Apt. #, etc.
UNIT D

Suite, Apt. #, etc.
469

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33175 USA

Zip Country
33155 USA

4. Date Incorporated or Qualified
To Do Business in Florida 12-11-2000

5. FEI Number
65-1065236

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee Required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ARNALDO SALAS

Street Address (P.O. Box Number is Not Acceptable)
13969 SW 44 LANE CIRCLE

Suite, Apt. #, Etc.
UNIT D

City
MIAMI

State Zip Code
FL 33175

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 X

REGISTERED AGENT MUST SIGN

Date JUNE 17, 2005

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ARNALDO SALAS	13969 SW 44 LANE CIRCLE UNIT D	MIAMI, FL 33175

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)(f), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-17-2005

Date

Daytime Phone #

CR2E81 (07/05)

BS 292

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 2003 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

x 

ARNALDO SALAS
PRESIDENT