

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -7 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000000167

1. Corporation Name

I.D.M. Arts Inc.

2. Principal Office Address

6103 Boca Colony Dr

Suite, Apt. #, etc.

1425

City & State

Boca Raton, FL

Zip

33433

Country

Palm Beach

3. Mailing Office Address

1425

Suite, Apt. #, etc.

City & State

FL

Zip

Country

REINSTATEMENT 03-04

05-06-04 01072 008 \$150.00
009 150.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/00

5. FEI Number

65-1076850

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

Igor Mirvelov

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

6103 Boca Colony Dr 1425

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

REGISTERED AGENT MUST SIGN

Date

6.03.04

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
<u>P.D.</u>	<u>Igor Mirvelov</u>	<u>6103 Boca Colony Dr. 1425</u>	<u>Boca Raton, FL 33433</u>

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

6.03.04

Date

Daytime Phone #

CR2001 (01/04)

H.N. "SKIP" TURCHEN, C.P.A., P.A.



Certified Public Accountant

Member of: American Institute of CPAs • Florida Institute of CPAs

June 3, 2004

Flo Dept of State
PO.Box 6327
Tallahassee, Fl 32314

IDM Arts Inc.
P01000000167

To Whom It May Concern:

I recently discovered that my client, stated above, did not file his annual report for last year and this year. I advised him to pay it immediately. I feel however that the penalty for reinstatement should be abated this time due to reasonable cause. The clear cause was that he did not receive the original form or second notice for 2003 and 2004. Since the owner is new to this country, he was not aware of the need to file the form in a timely manner. I hereby ask that you forgive him this time. Two checks were previously sent for \$150 each for 2003 and 2004. You have sent a letter on May 13, copy attached, plus original filing showing receipt of \$300. I look forward to your prompt response.

Sincerely,

A handwritten signature in cursive script, appearing to read "H. N. Turchen".

H. N. Turchen C.P.A.