


2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000013305			
1. Corporation Name A ARTISTIC GLASS & MIRROR, INC. 2100 EAST ATLANTIC BLVD 2100 EAST ATLANTIC BLVD.			
2. Principal Office Address 2100 EAST ATLANTIC BLVD Suite, Apt. #, etc.		3. Mailing Office Address 2100 EAST ATLANTIC BLVD. Suite, Apt. #, etc.	
City & State POMPANO BEACH		City & State POMPANO BEACH	
Zip 33062	Country	Zip 33062	Country

FILED
 04 OCT 18 AM 8:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 2004 TOP

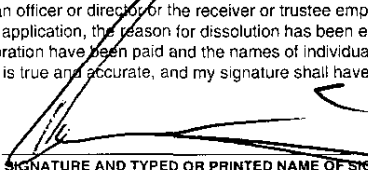
4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 651081316	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name EID MARWAN	
Street Address (P.O. Box Number is Not Acceptable) 2100 EAST ATLANTIC BLVD.	
Suite, Apt. #, Etc.	
City POMPANO BEACH	State FL
Zip Code 33062	

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 10/18/04-01075-006 **150 00

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 _____	Date _____
REGISTERED AGENT MUST SIGN	

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
D	EID MARWAN	2100 EAST ATLANTIC BLVD	POMPANO BEACH, FL 33062
V	MARTUCCI, ANTHONY'S	2100 EAST ATLANTIC BLVD.	POMPANO BEACH, FL 33062

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: 	Date: 10/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

CR2E081 (01/04)

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KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

1499 West Palmetto Pk Rd
Boca Raton, FL 33486
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, FL 33429
FAX: (561) 394-5134

National Society of Tax Professional

October 11, 2004

Division of Corporation
P.O. Box 1500
Tallahassee , FL 32302-1500

Ref: **A ARTISTIC GLASS & MIRROR, INC.**
Annual report #P01000013305

Dear Sirs.


The above referenced corporation has never received any notice at all to our client. We are enclosing an annual report form and the check in the amount of \$ 150.00 for 2004. Please accept this **annual report as a Reinstatement 2004.**

Although we would like to verify our address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

Sincerely,


Andre K Kattoura
Enclosure (s)
Ck 150.00
Form Annual Report 2004