

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

~~REINSTATEMENT~~

FILED

02 OCT 28 PM 5: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029860

1. Corporation Name

ARTIMED, INC.

Principal Place of Business

7118 BONITA DR #702
MIAMI BEACH FL 33141

Mailing Address

7118 BONITA DR #702
MIAMI BEACH FL 33141

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

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

03/22/2001

5. FEI Number

65-1085653

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ARTIME, JORGE D	7118 BONITA DR #702	MIAMI BEACH FL 33141

100008637601
10/28/02--01125--016 **150.00

8. Name and Address of Current Registered Agent

ARTIME, JORGE D
7118 BONITA DR #702
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

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 10/22/02

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

10/22/02 (305) 491 5548

Date

Daytime Phone #

CR2E040 (8/02)

State of Florida
Department of State
Dear Sir/Madamme.

10/22/02

Re: revocation of artimed Corporation.

I was surprised last night when I received your notice in the mail, indicating that my corporation Artimed, Inc, has been revoked because of failing to file the 2002 annual report.

I have not received the UBR notices, and since this is the first year in business, I was not aware of the procedure.

I am sending the application now and the renewal fee.
thank you for your understanding.

Truly yours



Jorge D. Artime
President ARTIMED, INC
7118 Bonita drive, Apt. 702
Miami Beach, Fl. 33141