

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

02-03

FLORIDA DEPARTMENT OF STATE

Jim Smith²

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000062266

1. Corporation Name

ARTIST HAND CARVING & FURNITURE, INC.

Principal Place of Business

3521 SAHARA SPRINGS BLVD
POMPANO BEACH FL 33069

Mailing Address

3521 SAHARA SPRINGS BLVD
POMPANO BEACH FL 33069

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

06/21/2001

5. FEI Number

65-1114747

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
DPT	CUERBO, EPAFRODITO	3521 SAHARA SPRINGS BLVD	POMPANO BEACH FL 33069
DS	CUERBO, MARGIE	3521 SAHARA SPRINGS BLVD	POMPANO BEACH FL 33069

8. Name and Address of Current Registered Agent

CUERBO, EPAFRODITO
3521 SAHARA SPRINGS BLVD
POMPANO BEACH FL 33069

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 11-19-02

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
MARGIE P. CUERBO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-19-02 (954)
971-5297

January 15, 2003

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

Re: Document # P01000062266
Company: Artist Hand Carving & Furniture, Inc.

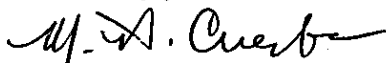
Dear Sir or Madam:

This is to inform you that we haven't received the 2002 For Profit Corporation Uniform Business Report (UBR).

Attach is the application for reinstatement and the fee of \$450.00 (reinstatement fee of \$300.00 + \$150.00 to cover the fees for the year 2003).

Thank you.

Very truly yours,



Meg Cuerbo
VP/Treasurer