

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000082870

1. Corporation Name

ARTISTRY BY KIM, INC.

Principal Place of Business

Mailing Address

~~22806 EL DORADO DRIVE~~  
BOCA RATON FL 33433

~~22806 EL DORADO DRIVE~~  
BOCA RATON FL 33433

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33073

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/2001

5. FEI Number

65-1131502

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
PSD	SNYDER, KIMBERLY L	<del>22806 EL DORADO DRIVE</del> 7126 Crescent Creek Way	<del>BOCA RATON FL 33433</del> Coconut Creek, FL 33023

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SNYDER, KIMBERLY L  
~~22806 EL DORADO DRIVE~~  
BOCA RATON FL 33433

7126 Crescent Creek Way  
Coconut Creek, FL  
33023

Name  
Snyder, Kimberly L.  
Street Address (P.O. Box Number is Not Acceptable)  
7126 Crescent Creek Way  
Suite, Apt. #, Etc.

City  
Coconut Creek

State  
FL

Zip Code  
33023

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)  
675-1517

CR2E040 (7/03)

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

August 5, 2004

Dear Sir or Madam:

Enclosed is an application for Reinstatement for Artistry By Kim, Inc. We ask that you waive the reinstatement fees due to the fact that the uniform business report notices for 2003 and 2004 were never received.

Enclosed is a check for \$300.00 for the annual filing fee for each year.  
Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kimberly L. Snyder".

Kimberly L. Snyder