

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 AUG 24 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Eckel AUG 24 2005

DOCUMENT # **P01000107595**

1. Corporation Name

ARTANTIQUES INC

2. Principal Office Address

2312 N OCEAN DR

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33305

Country

USA

3. Mailing Office Address

4010 S. HIATUS RD

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

Zip

33330

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/2001

5. FEI Number

651153697

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

ANTHONY CAPODILUPPO

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

4598 NW 26TH AVE

500059384495

Suite, Apt. #, Etc.

09/07/05 01016 930 *458.75**

City

BOCA RATON

State

FL

Zip Code

33434

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

Anthony Capodilupo
REGISTERED AGENT MUST SIGN

Date

08/23/05

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 |
|--------|--------------------------------------|---|---------------------------|
| P | GRAHAM HARVEY | 2312 N OCEAN DR | FT LAUDERDALE FL 33305 |
| ST | ANTHONY CAPODILUPPO | 4598 NW 26 AVE | BOCA RATON FL 33434 |
| | | | |
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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:

C. Barry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/23/05

Date

Daytime Phone #

954-472-9189

CR2081 (01/05)

2/2

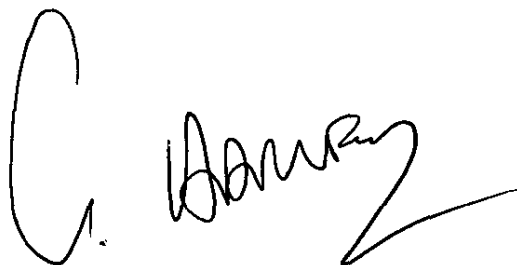
Art Antiques
4010 S Hiatus Road
Davie, FL 33330
954-472-9189

August 23, 2005

To Whom it may concern

I am applying to reinstate my Corporation. Please waive the fee as I didn't receive the annual report notice. Please find enclosed a check for \$450 as quoted to me from our phone conversation.

Graham Harvey of Artantiques.

A handwritten signature in black ink, appearing to read "G. Harvey". The signature is fluid and cursive, with a large initial "G" and a stylized "Harvey".

PRESIDENT OF ARTANTIQUES