

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 13 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000114213**

1. Corporation Name

**ARTWIRK.COM INC.**

Principal Place of Business

Mailing Address

1610 NW 128 DR

~~#14-208~~ **14-306**  
SUNRISE FL 33323

P.O. BOX 450996

SUNRISE FL 33345

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

2. New Principal Office Address, If Applicable

**1610 NW 128 DR**

Suite, Apt. #, etc.

**#14-306**

City & State

**Sunrise, Florida**

Zip

**33323**

Country

**USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/03/2001**

5. FEI Number

**65-1150049**

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	FENLEY, CAROLYN	1610 NW 128TH DRIVE <del>#14-108</del> <b>14-306</b>	SUNRISE FL 33323

**400023749794**  
**10/13/03-01068-005 \*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FENLEY, CAROLYN

1610 NW 128TH DRIVE ~~#14-108~~ **14-306**

SUNRISE FL 33323

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]*  
REGISTERED AGENT MUST SIGN

Date

**10/9/03**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/9/03**

Daytime Phone #

**954 035.1150**

CR2E040 (7/03)

**Artwirk.com, Inc.**  
**1610 NW 128<sup>th</sup> Drive, #14-306**  
**Sunrise, FL 33323**  
**(954) 835-1150**

10-09-03

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

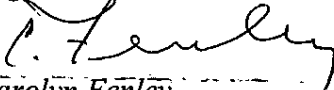
Dear Sir,

Attached please find the application for reinstatement; document #PO1000114213 for Artwirk.com, Inc. Please be advised that I did not receive any prior documentation as the principal place of business identified on the annual report is not current. The current address is 1610 NW 128<sup>th</sup> Drive, #14-306, Sunrise, FL 33323, since November 2002. Therefore, I am enclosing a check for \$150 to cover the fee to file the report without penalty for a for-profit corporation.

Please contact me at #954-835-1150 if you should require any additional information.

Thank you.

Regards,

  
Carolyn Fenley  
President

Encl.