

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 17 AM 8:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000119229

1. Corporation Name

ARTEK SOLUTIONS INC.

Principal Place of Business

Mailing Address

~~650 WEST AVE. APT 1007~~
MIAMI BEACH FL 33139

~~650 WEST AVE. APT 1007~~
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

1330 West Ave #2813
Suite, Apt. #, etc. #2813

City & State
Miami Beach, FL

Zip 33139 Country USA

3. New Mailing Office Address, If Applicable

1330 West Ave #2813
Suite, Apt. #, etc. #2813

City & State
Miami Beach, FL

Zip 33139 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2002

5. FEI Number

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
D	REITER, AVI	650 WEST AVE. APT 1007 1330 West Ave #2813	MIAMI BEACH FL 33139

900023920349

10/17/03--01092--023 **150.00

8. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Avi Reiter

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

1330 West Ave #2813

Suite, Apt. #, Etc.

#2813

City

Miami Beach

State

FL

Zip Code

33139

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

10/15/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

786-210-7190

Avi Reiter
Artek Solutions Inc.
1330 West Ave.
#2813
Miami Beach, FL 33139
786-210-7190

Re: Document # P01000119229

To Whom It May Concern:

I have recently received this Notice of Administrative Dissolution from the current residents of the address it was sent to. I have moved to the new address listed in the Application for Reinstatement Oct. 2002. I have been using the new address and receiving both State and Federal forms to it since the move. I also filed all personal and corporate 2002 tax returns from the new address. I am assuming that all prior UBR notices were sent to the previous address and for this reason I did not receive any.

I have enclosed the \$150.00 UBR filing fee and the Reinstatement Application with the appropriate address indicated.

Thank You,



Avi Reiter
Director
Artek Solutions Inc.