## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
, FQR
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P01000119229 DOCUMENT #

1. Corporation Name

ARTEK SOLUTIONS INC.

Principal Place of Business

Mailing Address

650 WEST-AVE: APT-1607 MIAMI BEACH FL 33139

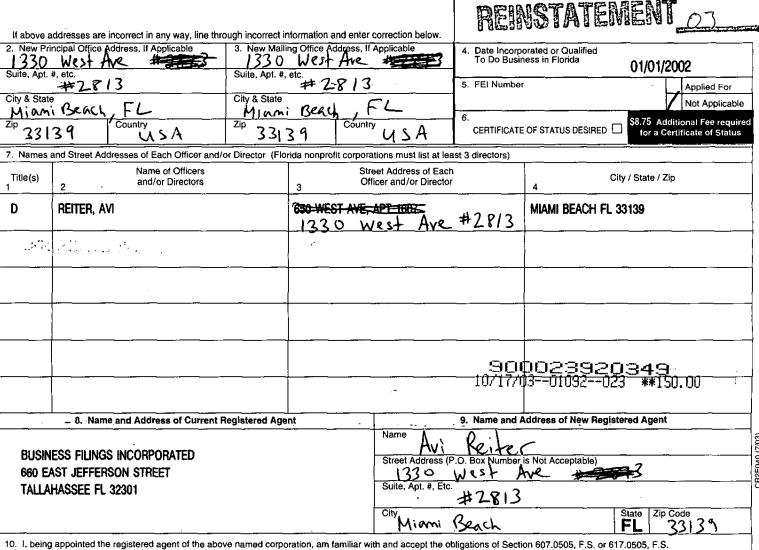
650 WEST AVE: APT 1007

MIAMI BEACH FL 33139

FII FD

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SECHETARY OF STATE FALLAHASSEE FLORIDA



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 of Régistered Agent

REGISTERED AGENT MUST SIGN

. . . . . .

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

Thank You,

Avi Reiter Director

Artek Solutions Inc.