

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000026744*

1. Corporation Name

ARTWOOD DESIGN CORP.

2. Principal Office Address

15476 NW 77 Ct.

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip Country

33016

3. Mailing Office Address

15476 NW 77 Ct.

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip Country

33016

REINSTATEMENT

300023705313

10/10/03--01028--009 **158.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/12/2002

5. FEI Number

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

Luis A Rincon

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

15476 NW 77 Ct.

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33016

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

[Signature]

Date *10/6/03*

REGISTERED AGENT MUST SIGN

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
PSD	<i>Luis A Rincon</i>	<i>15476 NW 77 Ct.</i>	<i>Hialeah FL 33016</i>
VD	<i>Rosita Montoya</i>	<i>15476 NW 77 Ct.</i>	<i>Hialeah FL 33016</i>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/6/03

Daytime Phone #

CR2E081 (10/02)

ARTWOOD DESIGN, CORP.
15476 NW 77 CT
HIALEAH, FLORIDA 33016

October 7, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Attn: Reinstatement Section

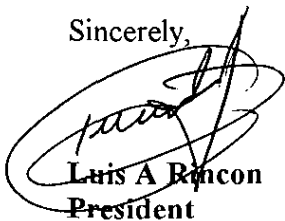
Re: Document # P02000026744

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our application for reinstatement along with the necessary filing fees for a profit corporation. As we stated in the phone conversation, we moved our offices and thus never received our 2003 Uniform Business Reports.

We ask that you please pardon the late fee since this problem was due to circumstances beyond our control. If there is any problem processing this report please contact us immediately.

Sincerely,



Luis A Rincon
President