

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JAN 28 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000038418

1. Corporation Name  
AMDIART, INC.

2. Principal Office Address

10635 Reagans RUN

Suite, Apt. #, etc.

City & State

FLORIDA

Zip  
34711

Country clermont  
Lake county

3. Mailing Office Address

10635 Reagans RUN DR

Suite, Apt. #, etc.

City & State

FLORIDA

Zip  
34711

Country clermont  
Lake county

4. Date Incorporated or Qualified  
To Do Business in Florida

April 12/02

5. FEI Number

20-2207430

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

AMPARO Restrepo

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

10635 Reagans RUN DR clermont

Suite, Apt. #, Etc.

City

clermont Lake county

State

FL

Zip Code

34711

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

REGISTERED AGENT MUST SIGN

Date 11/09/04

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/D	Diego F. Baena	10635 Reagans RUN DR	clermont FL 34711
		907045984839 02/13/05--01010--015 **150.00	
VP/D	AMPARO Restrepo	10635 Reagans RUN DR	clermont FL 34711
		300042637839 11/10/04--01046--022 **317.05	

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:

Diego F. Baena

11/09/04 407-7601209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #