

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 NOV -3 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000054510

1. Corporation Name

ARTISTS' HAVEN, INC.

Principal Place of Business

2755 E OAKLAND PARK BLVD. STE 300
FT LAUDERDALE FL 33306

Mailing Address

2755 E OAKLAND PARK BLVD. STE 300
FT LAUDERDALE FL 33306

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/2002

5. FEI Number

04-3719088

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	SADRIWALLA, ABBAS A	2755 E OAKLAND PARK BLVD, STE 30	FT LAUDERDALE FL 33306
D	GIMPEROVICH, OLGA	2755 E OAKLAND PARK BLVD, STE 30	FT LAUDERDALE FL 33306

000024026830

10/23/03--01006--009 **185.00

8. Name and Address of Current Registered Agent

LANE, PAUL J
2755 E OAKLAND PARK BLVD, STE 300
FT LAUDERDALE FL 33306

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10-10-03

11. I certify that I am an officer or director of 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:

Abbas A. Sadriwalla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-03 954-566-992

CR2E040 (7/03)

ARTIST'S HAVEN, INC.

2755 E. Oakland Park Blvd. Ste. 300
Ft. Lauderdale, Fl. 33306
TEL. 954-566-0004 FAX. 954-566-0633

November 3, 2003

Justin M. Shivers
Document Specialist
Division of Corporation
409 E. Gaines St.
Tallahassee, Fl. 32399

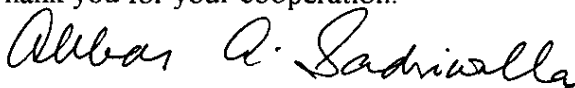
Re: Letter of Non-Receipt of 2003 UBR # 902000054510
ARTISTS' HAVEN, INC.

Dear Mr. Shivers:

I am the President of Artists' Haven, Inc. and would state that the 2003 UBR for Artist's Haven, Inc. Ref. No. P02000054510 was not received.

Attached please find the completed UBR/Application for Reinstatement.

Thank you for your cooperation.



Abbas A. Sadriwalla
President
Encs.