

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 16 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000063066

1. Corporation Name

ART SOLUTIONS, INC.

2. Principal Office Address

17120 ARVIDA PKWY

Suite, Apt. #, etc.

3C

City & State

WESTON, FL

Zip

33326

Country

USA

3. Mailing Office Address

17120 ARVIDA PKWY

Suite, Apt. #, etc.

3C

City & State

WESTON, FL

Zip

33326

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 6, 2002

5. FEI Number

37-1432874

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

DAYAANA JASSIR

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

17120 ARVIDA PKWY STE 3C

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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

Dayaana Jassin

Date 12/03/03

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
D	DAYAANA JASSIR	17120 ARVIDA PKWY	WESTON, FL 33326
D	MILMER MARTINEZ	17120 ARVIDA PKWY	WESTON, FL 33326
D	MACIEL MARTINEZ	17120 ARVIDA PKWY	WESTON, FL 33326
D	MARYBEL MARTINEZ	17120 ARVIDA PKWY	WESTON, FL 33326
D	MARA MARTINEZ	17120 ARVIDA PKWY	WESTON, FL 33326
D	ORLANDO MARTINEZ	17120 ARVIDA PKWY	WESTON, FL 33326

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:

Dayaana Jassin DAYAANA JASSIR

12/03/03 (954)2243791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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