

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2


FILED

2007 SEP -4 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

CORPORATION
REINSTATEMENT
2007 AR

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000074309

1. Corporation Name

ABC Art Company

2. Principal Office Address - No P.O. Box #
2600 SW 11th Street

3. Mailing Office Address
2600 SW 11th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33135

Country

Zip
33135

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
90-0050570

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
Jose Madrazo

Street Address (P.O. Box Number is Not Acceptable)
2600 SW 11th Street

Suite, Apt. #, Etc.

City
Miami

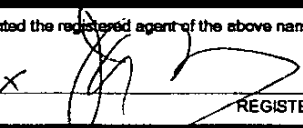
State
FL

Zip Code
33135

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **08/30/07**

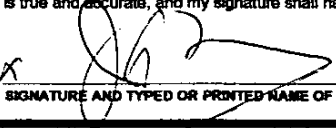
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Jose Madrazo	2600 SW 11th Street	Miami, FL 33135

200109206902
09/07/07--01033--008 **150.00

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 contained in Chapter 119, 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:



Jose Madrazo

08/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT

9/4

212

ABC Art Company
2600 SW 11th Street
Miami, Florida 33135

August 30, 2007

Division of Corporation
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314

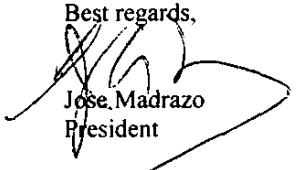
To Whom It May Concern:

We are sending our 2007 Uniform Business Report Late, we moved from our previous address and we never received your notification to be able to file it on time.


Please wave your late payment penalty fee this time, since our payment has been unintentionally late. Attached, please find a check for \$ 150.00.

Thank you for your cooperation in this matter.

Best regards,


Jose Madrazo
President

Cc: File

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