

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000102017

1. Corporation Name

Artistic concrete Design Concepts, Inc.

2. Principal Office Address

2537 Seabrook St.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip 32828

Country

U.S.A.

3. Mailing Office Address

P.O. Box 4454

Suite, Apt. #, etc.

City & State

Winter Park FL

Zip

32793

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/02

5. FEI Number

13-4217263

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

Houstoun, Edward

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

2537 Seabrook St.

Suite, Apt. #, Etc.

City

Orlando FL

State

FL

Zip Code

32828

500025046815
11/26/03--01006--015 **150.00

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

Edward Houstoun

Date 11/20/03

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
President	<u>Edward Houstoun</u>	<u>2537 Seabrook St.</u>	<u>Orlando FL 32828</u>

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:

Edward Houstoun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03

Date

407 832 9053

Daytime Phone #

CR2E001 (10/02)

To whom this may concern:

My company was dissolved due to me not paying the \$150.00 fee. I did not turn in the \$150.00 because I did not know about the fee. I called about this situation and told the person my circumstances and Katrina told me to go on line and fill out this form and send this letter in stating what had happened and send a check for \$150.00.

Thank you for helping me with this and make sure Katrina knows that I am thankful for her help.

Thank you,
Edward Houstoun

A handwritten signature in cursive script, appearing to read "Edward Houstoun", with a long horizontal flourish extending to the right.