

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *002000103643*

**1. Corporation Name**

Arteco USA, Inc.

**2. Principal Office Address**

7805 E. Paloma Ave

Suite, Apt. #, etc.

City & State

Mesa, AZ

Zip

85212

Country

USA

**3. Mailing Office Address**

7805 E. Paloma Ave

Suite, Apt. #, etc.

City & State

Mesa, AZ

Zip

85212

Country

USA

600023936966  
10/20/03--01009--023 \*\*150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

☒ 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

~~Fernando Socol~~ JOSHUA BRATTER

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

777 17th Street

Suite, Apt. #, Etc.

Penthouse Suite

City

Miami Beach

State

FL

Zip Code

33139

**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

**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	Benjamin Ardaya	9653 E. Baltimore St.	Mesa, AZ 85207

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-25-03

Date

480-703-5158

Daytime Phone #

CR2E081 (10/02)

September 25, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of Arteco USA, Inc.

We have been informed that our status as a Florida corporation has been revoked.

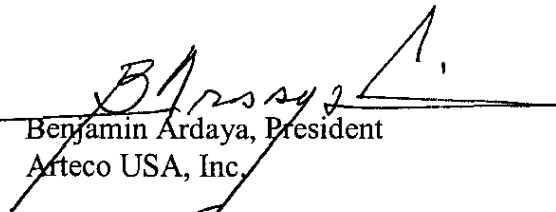
In March 2003, the primary officer of the corporation moved to Mesa, Arizona. Unfortunately, the notices to file an annual report were not forwarded to the Arizona address. If the notices had been received, the officers would have responded on time.

We respectfully request that the fees for reinstatement be waived. It was not our intention to let the corporate status lapse.

Per our discussion with one of your employees, we have enclosed a check in the amount of \$150 for the Annual Report Fee, and the Corporate Supplemental Fee.

Thank you for your consideration in this matter.

Sincerely,



Benjamin Ardaya, President  
Arteco USA, Inc.