

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG -2 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000107736

1. Corporation Name

Arts of Mayhem, Inc.
180 SW 76 Avenue
Miami, FL 33144

2. Principal Office Address
180 SW 76 Avenue

3. Mailing Office Address
Miami, FL 33144

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Mia, FL

Zip
33144

Country
Dade

Zip
33144

Country
Dade

**4. Date Incorporated or Qualified
To Do Business in Florida** 10/4/2002

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

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code
33144

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 6/25/04

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
PD	Jazmin Ley	180 SW 76 Avenue	Miami, FL 33144

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

5/19/04 786-487-3508

Date

Daytime Phone #

CR2ED081 (01/04)

Attachment

#P02000107736

May 19, 2004

Florida Dept of Corporation
Tallahassee, FL

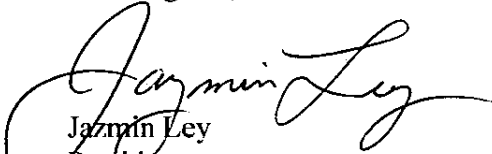
Re: Arts of Mayhem, Inc.
Doc #: P02000107736

To Whom It May Concern:

Hereby, please find the Application for reinstatement of my Corporation. The penalty is not included in the attached check. The reason why I did not pay the annual fee for year 2003 & 2004 was that I never received the Annual Reports.

Thank you for your attention to this matter.

Best Regards,


Jazmin Ley
President