

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 22 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Solutions Artisan Enterprises Inc, P03000027912

2. Principal Office Address
1360 ne 151st

3. Mailing Office Address
1360 ne 151st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Miami Bch, FL

City & State
North Miami Bch, FL

Zip
33162

Country
USA

Zip
33162

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 03/10/2003

5. FEI Number 75-3125076

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
Rodney Verdiner

Street Address (P.O. Box Number is Not Acceptable)
1360 ne 151st

Suite, Apt. #, Etc.

City
North Miami Beach

State
FL

Zip Code
33162

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

Rodney Verdiner

REGISTERED AGENT MUST SIGN

Date 4-27-2006

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	Rodney Verdiner	1360 ne 151st	N. Miami Bch/FL/33162

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:

Rodney Verdiner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney Verdiner

Date

4-27-06 (786) 487-0747

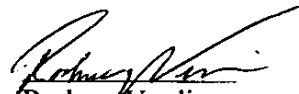
Daytime Phone #

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To whom it may concern,

I Rodney Verdiner, President of Solutions Artisan Enterprises Inc, document # P03000027912 have never received any Annual report notices during or after the year of dissolution/revocation. I sincerely hope this letter is sufficient in getting the reinstatement fee waived.

Thank you for your attention to this matter.


Rodney Verdiner