

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 25 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD500011752-3

1. Corporation Name

ART. Enterprise, INC.

2. Principal Office Address

16231 S.W. 71st

Suite, Apt. #, etc.

City & State

Miami

Zip

33193

Country

Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

MI

Zip

**REINSTATEMENT** 09

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct 21, 2003

5. FEI Number

68-0571362

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

LAXMY'S CARRIER SUCCS

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

8181 W.W. 36 St.

Suite, Apt. #, Etc.

ste 1002

City

Miami, FL

State

FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/04/04

**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
<u>President</u>	<u>Andres R. Torres</u>	<u>16231 S.W. 71st</u>	<u>Miami, FL 33192</u>
<u>Vice-Pres</u>	<u>Yolanda U. Torres</u>	<u>11 11</u>	<u>11 11</u>

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12/02/04--01048--017 \*\*750.00

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/04/04

Daytime Phone #

305 386-3602

CR2E081 (01/04)