

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3000147360

1. Corporation Name

ARTISTIC DECKING, INC.

2. Principal Office Address - No P.O. Box #

26717 HICKORY LOOP

Suite, Apt. #, etc.

3. Mailing Office Address

26717 HICKORY LOOP

Suite, Apt. #, etc.

City & State

LUTZ, FLORIDA

City & State

LUTZ, FLORIDA

Zip

33559

Country

USA

Zip

33559

Country

USA

7. Name and Address of Current Registered Agent

Name

ANGELO DIGIOIA

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

26717 HICKORY LOOP

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33559

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

2-22-10

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
PRES	Angelo DiGioia	26717 Hickory Loop	Lutz/Florida/33559

REINSTATEMENT

01-10
PS

10. E-mail Address: angelo@artisticdecking.com

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

2-22-10

Daytime Phone #

813 377-5547

FILED

2010 FEB 23 P 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000170400070
02/24/10--01021--011 **500.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 12/04/2003

5. FEI Number
412119409

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.