

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -7 AM 10:32

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 804000038958

1. Corporation Name

MARCIA ARTILES, INC

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

24705 SW 129 Ave

3. Mailing Office Address

24705 SW 129 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PRINCETON FL

City & State

PRINCETON, FL

Zip

33032

Country

Zip

33032

Country

REINSTATEMENT 05-07

CR2E081 (1/07)

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 MARCIA ARTILES

Street Address (P.O. Box Number is Not Acceptable)
24705 SW 129 Ave

Suite, Apt. #, Etc.

City PRINCETON

State FL

Zip Code 33032

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.

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 11/01/07

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	MARCIA ARTILES	24705 SW 129 Ave	PRINCETON, FL 33032
VP, T,S	CHRIS E. POPE	24705 SW 129 Ave	PRINCETON, FL 33032

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11/07/07--01024--014 **450.00

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 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:

[Handwritten Signature]

MARCIA ARTILES 11/01/07 (305) 710-0947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #