

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -8 PM 3:21

DOCUMENT # **P04000108414**

1. Corporation Name

The Faux man by Zepp Art Inc

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

1839 North gate Blvd.

Suite, Apt. #, etc.

B

City & State

SARASOTA FL

Zip

34234

Country

SARASOTA

3. Mailing Office Address

1839 North gate Blvd

Suite, Apt. #, etc.

B

City & State

SARASOTA FL.

Zip

34234

Country

SARASOTA

11/17/08 01060 008 23875

200138343442
12/01/08--01062--005 **\$1.25
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

7-22-08

5. FEI Number

81-0613465

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

Jeffrey Zepp

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

2250 circle wood DR.

Suite, Apt. #, Etc.

SARASOTA

City

SARASOTA

State

FL

Zip Code

34231

☒ 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

Jeffrey Zepp

REGISTERED AGENT MUST SIGN

Date **11/26/08**

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 |
|--------|--------------------------------------|---|--------------------|
| Owner | Jeffrey Zepp | 2250 circle wood DR. | SARASOTA FL 34231 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/08 941-321-7098

Date

Daytime Phone #