

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 23 PM 12:01
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000148192

1. Corporation Name

ARTESAN INC.

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

12717 W. Sunrise Blvd.

3. Mailing Office Address

12717 W. Sunrise Blvd.

Suite, Apt. #, etc.

276

Suite, Apt. #, etc.

276

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33323

Country

USA

Zip

33323

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/2004

5. FEI Number

20-1805183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joaquin Hernandez

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

12717 W. Sunrise Blvd.

Suite, Apt. #, Etc.

276

City

Sunrise

State

FL

Zip Code

33323

☒ 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

Joaquin D. Hernandez
REGISTERED AGENT MUST SIGN

Date **01/30/07**

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
P	Joaquin Hernandez	12717 W. Sunrise Blvd.	Sunrise, FL 33323
VP	Lazaro Hernandez	12717 W. Sunrise Blvd.	Sunrise, FL 33323

B 2/26/07
REINSTATEMENT 05-07
000089260570
02/26/07--01037--002 **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:

Joaquin D. Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/07

Date

954-552-6564

Daytime Phone #