

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 11 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

DOCUMENT # P05000012536

1. Corporation Name

ARTISAN EXPRESSIONS INC.

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

1810 VALE DRIVE

3. Mailing Office Address

1810 VALE DRIVE

Suite, Apt. #, etc.

CLERMONT

Suite, Apt. #, etc.

CLERMONT

City & State

FLORIDA

City & State

FLORIDA

Zip

34711

Country

USA

Zip

34711

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2005

5. FEI Number

20-2287353

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

ANA MERCEDES YOUNG

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

1810 VALE DRIVE

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

☒ 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

Ana M. Young

REGISTERED AGENT MUST SIGN

Date 12-08-2009

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 |
|--------|--------------------------------------|---|--------------------|
| PDST | Ana M. Young | 1810 VALE DRIVE | CLERMONT, FL 34711 |
| | | | |
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| | | | |

10. E-mail Address: anajoven50@yahoo.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:

Ana M. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-08-2009

Date

352-2425290

Daytime Phone #