

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**

**09 JAN 23 PM 1:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P05000146772**

**1. Corporation Name**

**Artex Productions INC**

**10014188441**  
**01/23/09--01008--023 \*\*500.00**

**CR2E081 (12/08)**

<b>2. Principal Office Address - No P.O. Box #</b> 11746 SW 93rd Terrace		<b>3. Mailing Office Address</b> 11746 SW 93rd Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL	
<b>Zip</b> 33186	<b>Country</b> USA	<b>Zip</b> 33186	<b>Country</b> USA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/01/2005	
<b>5. FEI Number</b>	<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$875 - Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> Ricardo Manavello			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 11746 SW 9rd Terrace			
Suite, Apt. #, Etc.			
<b>City</b> Miami	<b>State</b> FL	<b>Zip Code</b> 33186	

☒ **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**

*[Signature]*

**Date** 1/22/09

**REGISTERED AGENT MUST SIGN**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
President	Ricardo Manavello	11746 SW 93rd terrace	Miami, FL 33186

**REINSTATEMENT** 06-09

*[Signature]* 1/23

**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]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** 1/22/09 **305-801-6620**  
**Daytime Phone #**