

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

09 AUG -5 AM 11:59

DOCUMENT # P06000129149

1. Corporation Name

Artoga, Inc.

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

683 Sturdivant Street

3. Mailing Office Address

683 Sturdivant Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlantic Beach FL

City & State

Atlantic Beach FL

Zip

32233

Country

USA

Zip

32233

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/06

5. FEI Number
20-5693794

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
Bridget Cartlidge

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

Suite, Apt. #, Etc.

City
Atlantic Beach

State
FL

Zip Code
32233

☒ 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

Bridget Cartlidge

REGISTERED AGENT MUST SIGN

Date 7-23-09

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
PST	Bridget A. Cartlidge	683 Sturdivant Street	Atlantic Beach FL 32233

REINSTATEMENT

B 8/6/09

01-09

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

7-23-09

Date

904-229-5993

Daytime Phone #