

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000021302

1. Corporation Name

ARTYPE, INC.

Principal Place of Business

3530 WORK DRIVE  
FORT MYERS FL 33916

Mailing Address

3530 WORK DRIVE  
FORT MYERS FL 33916

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date of Incorporation or Qualified  
To Do Business in Florida

5. FEI Number

65-0406082

Applied For  
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTD	HUNT, STEVEN W	696 COVEY LN	LEHIGH ACRES FL
VP	HUNT, JOHN C	11764 MAHOANY RUN	FT MYERS FL

500003449165--9  
-11/02/00--01081--008  
\*\*\*\*750.00 \*\*\*\*750.00

10/10/30

8. Name and Address of Current Registered Agent

HUNT, STEVEN W  
3530 WORK DRIVE  
FORT MYERS FL 33916

9. Name and Address of New Registered Agent

Name JOHN C. HUNT  
Street Address (P.O. Box Number is Not Acceptable)  
13872 PINE VILLA LANE  
Suite, Apt. #, Etc.

City FORT MYERS State FL Zip Code 33912

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/16/00

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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

JOHN C. HUNT  
VICE-PRESIDENT

10/16/00

Date

941-332-1174

Daytime Phone #

CR2E040 (8/00)