

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 21 PM 2:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000069400**

1. Corporation Name

ART VISION PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

2339 INDIAN CREEK DR
APT 302
MIAMI BEACH FL 33140

2339 INDIAN CREEK DR
APT 302
MIAMI BEACH FL 33140

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0442936

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DOS SANTOS, ADEMIR	2339 INDIAN CREEK DRIVE, #302	MIAMI BEACH FL
STD	DOS SANTOS, ADEMIR	2339 INDIAN CREEK DRIVE, #302	MIAMI BEACH FL

400002014574--0
-11/26/96--01112--002
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOS SANTOS, ADEMIR
2339 INDIAN CREEK DRIVE
#302
MIAMI BEACH FL 33140

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Ademir Dos Santos
REQUIRED
REGISTERED AGENT MUST SIGN

Date

9/17/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Ademir Dos Santos
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ADEMIR DOS SANTOS

9/17/96

Date

Daytime Phone #