

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P94000009126

1. Corporation Name
ARTWIN, INC.

Principal Place of Business

1201 BROADWAY
SUITE 501
NEW YORK NY 10001
US

Mailing Address

1201 BROADWAY
STE. 501
NEW YORK NY 10001

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

2. New Principal Office Address, If Applicable

2177 Las Positas Ct. # N
Suite, Apt. #, etc.
Livermore, CA
City & State
94550

3. New Mailing Office Address, If Applicable

2177 Las Positas Ct # N
Suite, Apt. #, etc.
Livermore
City & State
california

Zip Country
94550 **Us.**

Zip Country
94550 **Us**

4. Date Incorporated or Qualified To Do Business in Florida

01/27/1994

5. FEI Number

59-3228843

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)

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	SETH, GURDIR SINGH Ravinder Singh Uppal	5421 BOWDEN ROAD JL Prof. Moh Yamin No 14x Renon Denpasar Bali (Indonesia)	JACKSONVILLE FL 32246
S	BAWJ, JATINDER KAUR Bhupinder Kaur	100 LANDRIDGE ST. COLLINGWOOD JL Prof. Moh Yamin No 14x Renon Denpasar Bali (Indonesia)	MELBOURNE 3086 VICTOR AUSTRA
CFO	SETH, MANJIT KAUR Kavita Arora	10-10 BERESFORD ST. NEWTON 2177, Las Positas Ct # N	AUCKLAND, NEW ZEALAND Livermore CA 94550
VP	UPPAL, MANJIT SINGH Michelle Kelly	100 LANDRIDGE ST. COLLINGWOOD JL Prof. Moh Yamin No 14x Renon Denpasar Bali (Indonesia)	MELBOURNE 3086 VICTOR AUSTRA

REINSTATEMENT (97)

8. Name and Address of Current Registered Agent

HUDSON, WILLIAM NEWT
23 WEST TARPON SPRINGS
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number, if applicable)
Suite, Apt. #, Etc.
City State Zip Code
12/5/97
59-3228843
-12/10/97-01106-001
*****758.75 ***758.75**
FL

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 **12/3/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Arora (Kavita Arora)**

Date

Daytime Phone #

CR20040 (8/97)