

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

08/12

1997 JUN 20 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR  
REINSTATEMENT  
FLORIDA DEPARTMENT OF REVENUE  
B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 994000034642

1. Corporation Name  
ARTICO INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address  
3159 CORAL SPRINGS DRIVE  
Coral Springs - FL 33065

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  
3159 Coral Springs Dr. 3159 Coral Springs Dr.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Coral Springs FL Coral Springs  
Zip 33065 Country USA Zip 33065 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
652 0488219

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.	Arturo Caballero	3159 Coral Springs Dr.	Coral Springs, FL 33065
V.P.	Margarita Perez	3159 Coral Springs Dr.	Coral Springs FL 33065
S.	MARIA LA ROSA	3159 Coral Springs Dr.	Coral Springs FL 33065

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06/24/97-01043-011  
\*\*\*\*565.00 \*\*\*\*565.00

158  
6/20/97

8. Name and Address of Current Registered Agent

MARGARITA PEREZ  
3159 Coral Springs Dr.  
Coral Springs FL 33065

9. Name and Address of New Registered Agent

Name MARGARITA PEREZ  
Street Address (P.O. Box Number is Not Acceptable)  
3159 Coral Springs Dr.  
Suite, Apt. #, Etc.  
City Coral Springs State FL Zip Code 33065

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 5/6/97

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

5/6/97 (954) 341-0579  
Date Daytime Phone #

CR2E040 (12/96)

pg 2 of 2  
3159 Coral Springs Dr.  
Coral Springs, FL 33065

## Artico International Corp

June 17, 1997

Division of Corporations

Dear Sir or Madam:

According to our conversation on 5/01/97 I told you that I never received annual report from your organization I was not aware of this requirement.

Thank you very much for taking care this problem.

Sincerely,



Margarita Perez  
Administrative Assistant