

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 28 PM 12:29

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000065795**

1. Corporation Name

ARTIM CORPORATION

2. Principal Office Address

6344 RALEIGH ST

Suite, Apt. #, etc.

APT 1102

City & State

ORLANDO, FL

Zip

32835-3619

Country

USA

3. Mailing Office Address

1180 HOWDYSELL RD

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL 32119

Zip

32119

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-330-2848

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

PATEL, MUKUND K

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

6344 RALEIGH ST, APT 1102

Suite, Apt. #, Etc.

APT 1102

City

ORLANDO, FL

State

FL

Zip Code

32835-5619

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

REGISTERED AGENT MUST SIGN

Date **1-24-02**

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
P	MUKUND K. PATEL	6344 RALEIGH ST #102	ORLANDO, FL 32835

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 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

Date

1-24-02

Daytime Phone #

851-7961
407-291-9672

CR2E081 (9/01)