

2009 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

09 MAR 27 AM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068353

1. Corporation Name

W122 ART'S INC

2. Principal Office Address - No P.O. Box #

19365 N.W. 80th DR

3. Mailing Office Address

P.O. Box 3066

Suite, Apt. #, etc.

Okeechobee

Suite, Apt. #, etc.

Okeechobee

City & State

FLORIDA

City & State

FLORIDA

Zip

34972

Country

Okeechobee

Zip

34973

Country

Okeechobee

800147723988

03/27/09--01035--001 **150.00

CR2E081 (12/08)

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0522326

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

JOHN BYBEL

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

19365 N.W. 80th DR

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34972

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

JOHN BYBEL

REGISTERED AGENT MUST SIGN

Date

03/02/09

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
President	JOHN A. BYBEL	19365 N.W. 80th DR	Okeechobee FL 34972

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 contained in Chapter 119, 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 BYBEL

Date

03/02/09

Daytime Phone #

3/30/09