

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 4:14

DOCUMENT # P95000027160

1. Corporation Name

ART OF BART, INC.

Principal Place of Business

Mailing Address

207 EAST BLUE HERON BLVD
RIVIERA BEACH FL 33404

207 EAST BLUE HERON BLVD
RIVIERA BEACH FL 33404



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

04/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0571833

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	MILLER, BARTON C	18176 126TH STREET N.	JUPITER FL 33478
D	MILLER, BARTON C	18176 126TH STREET N.	JUPITER FL 33478

100003465051--4
-11/15/00--01108--015
****150.00 ****150.00

8. Name and Address of Current Registered Agent

MILLER, BARTON C
18176 126TH STREET N
JUPITER FL 33478

9. Name and Address of New Registered Agent

Name

DOUG McVAY

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

619 N. DIXIE HIGHWAY

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

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 OF REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date 10/28/00

11. 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:

Barton C. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/00
Date

Daytime Phone #

CR2040 (800)

2

A.G.F. & ASSOCIATES, INC.

619 N. DIXIE HIGHWAY
LAKE WORTH, FL 33460
561-582-5129
FAX-533-5959

October 26, 2000

Florida Department of State
Katherine Harris
Secretary of State

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

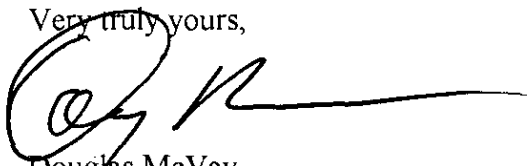
Dear Ms. Harris:

Art of Bart, Inc. has been a Florida Corporation for the past 5 years. Each year the corporation renewed and kept within good standing with the State of Florida.

This year our client, Barton C. Miller, Officer of Art of Bart, Inc. suffered a heart attack, which left him partially disabled. During the course of his illness his business suffered his loss of direction. It was during this time the corporation renewal was overlooked.

On behalf of our client, considering his past as well as the compassion for his circumstances would you please accept the renewal fee of \$150.00 enclosed. Thank you and we remain,

Very truly yours,



Douglas McVay,
President

DM/mm