

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97-99



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

Pg 1 of 2

FILED

99 JUL 29 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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-08/13/99--01106--002  
\*\*\*\*\*465.00 \*\*\*\*\*465.00

DOCUMENT # P95000038651

1. Corporation Name

ARTYCOMM, INC.

Principal Place of Business

Mailing Address

7951 S.W. 40th STREET  
SUITE: 206, MIAMI, FL 33155

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

5/16/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0584021

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	MADER, EUGENIO N.	2333 BRICKELL AVE. #2512	MIAMI, FLORIDA 33129
D	DIAZ, OSVALDO J.	7951 S.W. 40th ST. #206	MIAMI, FLORIDA 33155

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAZ, OSVALDO J.  
7951 S.W. 40th STREET #206  
MIAMI, FLORIDA 33155

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

OS

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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:

OS

DIAZ, OSVALDO J.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/99

Date

Daytime Phone #

CR2E081 (12/98)

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

FROM: ARTYCOMM. INC.  
7951 S.W. 40th STREET  
SUITE: 206  
MIAMI, FLORIDA 33155

REF: DOC# P95000038651

I AM ENCLOSING A REINSTATEMENT FORM ALONG WITH MY  
CHECK OF \$465.00 TO COVER MY ANNUAL FEES (97-99). I AM  
ASKING YOUR OFFICE TO PLEASE EXCUSE MY PAYMENT, BUT DO TO  
A PRINCIPAL AND MAILING ADDRESS CHANGE I never recieved any  
annual reports. . THANK YOU IN ADVANCE FOR YOUR PROMPT ATT-  
ENTION IN THIS MATTER THAT IS VERY IMPORTANT TO ME. IF YOU  
SHOULD HAVE ANY QUESTIONS REGARDING THIS LETTER DON'T  
HESITATE TO CONTACT ME AT THE ABOVE LISTED ADDRESS.

CORDIALLY YOURS,  
EUGENIO N. MADER  
(PRESIDENT)

99 JUL 29 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA