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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 27 AM 10:35

DOCUMENT # P95000038651

1. Corporation Name

ARTYCOMM, INC

800067144998
03/16/06--01005--023 **300.00

REINSTATEMENT 04-06

2. Principal Office Address

2901 Belmar St

Suite, Apt. #, etc.

3. Mailing Office Address

2901 Belmar St

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33304

Country

City & State

Fort Lauderdale FL

Zip

33304

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0584021

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

Eugenio Mader

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

2901 Belmar St

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

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 12-14-05

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.D.	MADER, EUGENIO	2901 Belmar St	Ft. Laud. FL 33304

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

12-14-05

Date

954-565-3299

Daytime Phone #

2 of 2

Eugenio Mader
2901 Belmar Street
Ft. Lauderdale, FL 33304

February 17, 2006

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

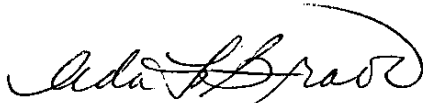
Re: P97000016293 and P95000038651

Dear Sir or Madam:

Per your letter dated December 21, 2005, we are resubmitting reinstatement forms with a check for \$300.00 for above corporations. This fee is to cover the renewal for the 2006 annual report. We are requesting that you consider not charging us any penalty because we did not receive the forms to file the annual reports for the years 2004, 2005, and 2006.

Again, we ask for your consideration in removing the penalties. We truly appreciate your cooperation and consideration.

Sincerely,



Ada F. Bravo, IRS Enrolled Agent, Accountant
For Eugenio Mader, President
Tromen, Inc.
Artycomm, Inc.