

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED
 AND
 FILED

98 SEP 18 PM 12:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **195000058074**

1. Corporation Name

IDEAL ART INC

Principal Place of Business

Mailing Address

1528 ALTON ROAD

1528 ALTON ROAD

M. BEACH, FL 33139

M. BEACH FL 33139

REINSTATEMENT 910-98

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

7/25/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0599069

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
1990	ANTONIO ZULLO	13330 SW 59TH AVE	MIAMI FL 33183

400002647244--5
-09/23/98--01069--005
*****1050.00 ***1050.00**

9-18-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANTONIO ZULLO
1528 ALTON ROAD
M. BEACH FL 33139

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

Antonio Zullo

REGISTERED AGENT MUST SIGN

Date

9/15/98

11. This corporation owes or has paid 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, 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

Antonio Zullo

Date

9/15/98

Daytime Phone #

672-0209

CR2E040 (1-98)