

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000021181

1. Corporation Name

A.R.T. CORPORATION

Principal Place of Business

651 BANKS ROAD  
MARGATE FL 33063

Mailing Address

651 BANKS ROAD  
MARGATE FL 33063

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

71 NORTH CORTEZ DRIVE

City & State

MARGATE, FLORIDA

Zip

33068

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

71 NORTH CORTEZ DRIVE

City & State

MARGATE, FLORIDA

Zip

33068

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/1996

5. FEI Number

65-0660323

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSVT	LISI, PHILIP	651 BANKS ROAD	MARGATE FL 33063

8. Name and Address of Current Registered Agent

LISI, PHILIP  
651 BANKS ROAD  
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name

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

71 NORTH CORTEZ DRIVE  
Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33068

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

REGISTERED AGENT MUST SIGN

Date 12/27/97

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 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:

Philip Lisi President, Philip Lisi President 12/27/97 (954) 978-7065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR25040 (8-97)

(2)

FLORIDA DEPARTMENT OF STATE

DECEMBER 27, 1997

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314-6327  
TEL. NO. (904) 488-9000

TO WHOM IT MY CONCERN,

I CALLED YOUR OFFICE, AND TOLD THEM THAT I HAD A CHANGE OF ADDRESS. I DID A CHANGE OF ADDRESS WITH THE POST OFFICE. I NEVER RECEIVED A 1997 ANNUAL REPORT BILL. YOUR OFFICE TOLD ME TO SEND IN THE SUM OF \$165.00, TOTAL AMOUNT. THAT BECAUSE THAT I DID A CHANGE OF ADDRESS WITH THE POST OFFICE, AND SOME HOW I NEVER RECEIVED A BILL, THAT THEY WILL WAVE ANY LATE FEE.

A.R.T. CORPORATION DOCUMENT # P96000021181 , NEW ADDRESS IS 71 NORTH CORTEZ DRIVE, MARGATE, FLORIDA 33068. PHONE NUMBER (954) 978-7065.

IF THERE IS ANY PROBLEM WITH THIS, PLEASE RETURN MY CHECK, THANK YOU.

THANK YOU,  
PHILIP LISI, PRESIDENT

Philip Lisi, President

A.R.T. CORPORATION  
71 NORTH CORTEZ DRIVE  
MARGATE, FLORIDA 33068  
PHONE NUMBER (954) 978-7065