

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 SEP 14 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032255

1. Corporation Name
THE ARTISTS' GUILD OF SOUTH
FLORIDA INC.

2. Principal Office Address - No P.O. Box #
3400 BLUE LAKE DR

Suite, Apt. #, etc.
E-602

City & State
POMPANO BEACH, FL.

Zip
33061

Country
BROWARD

3. Mailing Office Address
P.O. Box 2486

Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL.

Zip
33061

Country
BROWARD

REINSTATEMENT 05-07

CR2E081 (1/07)
09-12-05 90001 034 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida 4/5/1996

5. FEI Number
650727641

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
LAWRENCE WINKLER

Street Address (P.O. Box Number is Not Acceptable)
3400 BLUE LAKE DR.

Suite, Apt. #, Etc.
E-602

City
POMPANO BEACH, FL.

State
FL

Zip Code
33061

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 9/11/07

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
PRES	MICHAEL EMMA	1129 NW 98 th TER.	Pembroke Pines, FL 33024
SEC TREAS	LAWRENCE WINKLER	3400 BLUE LAKE DR. # E-602	POMPANO BEACH, FL. 33061

09/20/07--01027--027 **300.00

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 contained in Chapter 119, 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

Date

Daytime Phone #

MICHAEL EMMA PRES.

9/11/07 954-234-6700

THE ARTISTS' GUILD OF SOUTH
FLORIDA INC.

P.O. BOX 2486
ROMANO BEACH, FL.
33061

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL.
32314

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DEAR MS. MILLIGAN,

PULSUANT TO OUR TELEPHONE CONVERSATION,
I AM ENCLOSED THE FORM FOR CORPORATION
REINSTATEMENT AND THIS LETTER OF EXPLANATION.

ON APRIL 2, 2005, LAWRENCE WINKLER,
OUR SEC/TREAS. SUFFERED A HEART ATTACK.
THIS WAS ONLY SEVERAL WEEKS BEFORE OUR
ANNUAL REPORT AND PAYMENT WERE DUE IN
YOUR OFFICE. DURING HIS HOSPITAL STAY AND
SUBSEQUENT RECUPERATION, THIS REPORT
AND PAYMENT WERE, UNFORTUNATELY,
OVERLOOKED. WE BECAME AWARE OF THIS
OVERSIGHT ON 9/2/05 AND IMMEDIATELY SENT
THE REPORT WITH OUR CHECK FOR \$150.00. THIS
CHECK WAS DEPOSITED BY YOUR OFFICE AND CLEARED
OUR BANK. WE ASSUMED AT THAT TIME, THAT
EVERYTHING WAS O.K. WE NEVER RECEIVED ANY
LETTER OF REJECTION. WE, NOW, UNDERSTAND
OUR CORPORATION WAS DECLARED INACTIVE

ON 9/16/05. THIS WAS AT A TIME WHEN OUR
BUSINESS WAS GREATLY AFFECTED BY HURRICANE
KATRINA. SEVERAL MONTHS LATER WE WERE
DIRECTLY HIT BY HURRICANE WILMA. WE (393)
LOST ELECTRIC POWER AT OUR BUSINESS FOR
THE MONTH OF NOVEMBER, 2005, WHICH CAUSED
US TO BE UNABLE TO PRODUCE OUR HOLIDAY
ORDERS FOR 2005. THIS WAS DEVASTATING TO
US. WE HAVE SPENT THE SUBSEQUENT YEAR
AND A HALF REBUILDING OUR BUSINESS. WE
NEVER RECEIVED OUR CORPORATION ANNUAL REPORT
FORM FOR 2006 OR 2007. THEREFORE, WE
NEVER FILLED OUT THESE FORMS OR SENT
OUR ANNUAL PAYMENTS, TOTALING \$300.00 AT
THIS TIME. WE ARE ENCLOSING OUR CHECK
FOR \$300.00 WITH THIS FORM FOR REINSTATEMENT
AND LETTER OF EXPLANATION. WE, RESPECTFULLY,
REQUEST THAT YOU WAIVE ANY PENALTIES OR
REINSTATEMENT FEES. WE APPRECIATE YOUR
EXPEDITING THIS MATTER, AS QUICKLY AS POSSIBLE.
THANK YOU VERY MUCH FOR YOUR
TIME AND YOUR HELP.

Very Truly Yours,

MICHAEL EMMA PRES.