

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC -7 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 096000032362

1. Corporation Name

ARTISTIC PAVERS and Surfaces, Inc

2. Principal Office Address - No P.O. Box #

12700 Automobile Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip

Country

Zip

Country

33762

US

700163365737  
12/07/09--01016--017 \*\*150.00  
REINSTATEMENT CR2E081 (11/09) 09

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/2006

5. FEI Number

134346627

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

James C. Ayscue

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

97 Harbor Drive

Suite, Apt. #, Etc.

City

Belleair Beach

State

FL

Zip Code

33786

☒ 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

James C. Ayscue  
REGISTERED AGENT MUST SIGN

Date Dec 4, 2009

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	James C Ayscue	97 Harbor Drive	Belleair Beach, FL 33786
SEC	Cheryl Ayscue	97 Harbor Drive	Belleair Beach, FL 33786

10. E-mail Address: jim@artisticpas.com OR jimayscue@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

James C. Ayscue James C. Ayscue

Date

12/4/09

Daytime Phone #

727-573-0918

12/7/09