

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 15 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098295

1. Corporation Name

ART WORKS INTERNATIONAL, INC.

2. Principal Office Address

6279 SAN MICHEL WAY

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33484

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

SP

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-02-96

5. FEI Number

65-0722341

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

ARTHUR MILLS

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

6279 SAN MICHEL WAY

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33484

8000003145318-8

-02/23/00--01104--004

****900.00 ****900.00

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 2-09-00

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	Dir	ARTHUR MILLS	6279 SAN MICHEL WAY	DELRAY BEACH, FL 33484
	Dir	JOHN H. WOOD	25 SYCAMORE TERRACE	AGAWAM, MA 01001
	Dir	WILLIAM BARNES	17130 CORAL COVE WAY	BOCA RATON, FL 33496

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

2-09-00 561-498-5363

Date

Daytime Phone #

CR2E081 (9/99)