

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN 26 PM 12:32

DOCUMENT # **P97000009657**

1. Corporation Name

Artopex Plus (U.S.), Inc.

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

800 Vadnais Street

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Granby, Quebec

City & State

same

Zip

J2J 1A7

Country

Canada

Zip

same

Country

same

CR2E081 (6/10)

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

February 6th, 1993

5. FEI Number

98-0149704

☒ 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

Burby and Associates

04-10

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

1802 River Drive

REINSTATEMENT

Suite, Apt. #, Etc.

13. 1/26/11

City

Bartow

State

FL

Zip Code

33830

700191330197
01/26/11--01029--003 **1050.00
700191330197
01/13/11--01031--008 **750.00

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

Daniel D. Barby

Date **1/10/11**

REGISTERED AGENT MUST SIGN

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
President	Daniel Pelletier	800 Vadnais Street	Granby, Quebec, Canada, J2J 1A7
Executive V. P.	Benoît Goudreault	800 Vadnais Street	Granby, Quebec, Canada, J2J 1A7
Sales Director	Gary Gill	800 Vadnais Street	Granby, Quebec, Canada, J2J 1A7
Contract Administrator	Daniel Lévesque	800 Vadnais Street	Granby, Quebec, Canada, J2J 1A7
Admin. Assistant	Annie Robitaille	800 Vadnais Street	Granby, Quebec, Canada, J2J 1A7

10. E-mail Address: **d.levesque@artopex.com / a.robitaille@artopex.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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:

DANIEL LEVESQUE

January 10th, 2011 1-800-378-0189 Ext 3056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #