

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 AM 7:59

DOCUMENT # **P980000014845**

1. Corporation Name

Artistry By Sandi, Inc.

2. Principal Office Address

9188 Arrowhead Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lake Worth, FLA.

City & State

Zip

Country

33467

Zip

Country

05-15-99 90009 042 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

2-17-98

5. FEI Number

65-085494

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

SONIA R. KUEHN, Pres.

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

9188 Arrowhead Drive

Suite, Apt. #, Etc.

8000003271338 - 2

-05/31/00--01017--011

******150.00 ****150.00**

City

Lake Worth

State

FL

Zip Code

33467-151

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

Sonia R. Kuehn

Date

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
Pres.	SONIA R. Kuehn	9188 Arrowhead Drive	Lake Worth, FL 33467

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:

Sonia R. Kuehn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-21-00 (954) 351-0314

Daytime Phone #

CR2E081 (9/99)

205-2

Artistry By Sandi, Inc.

9188 Arrowhead Drive
Lake Worth, Florida 33467

Phone (954)351-0314
Fax (561) 963-8917
Home Phone (561)963-2575

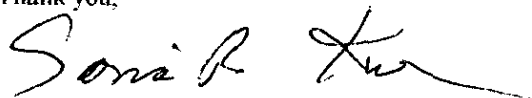
April 21, 2000

Florida Department of State
Division of Corporations

Enclosed please find a copy of last year's application and accompanying check (front and back). Also, included this year's application along with a check for the same.

I don't know what happened with last year's form but would you see that my current address as listed above is put into your system so that the same situation does not occur next year.

Thank you,



Sonia R. Kuchn