

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015760

1. Corporation Name

ARTEK ELECTRONICS ENGINEERING AND MANUFACTURING, INC.

Principal Place of Business

Mailing Address

721-G NORTH DRIVE  
MELBOURNE FL 32934  
US

721-G NORTH DR.  
MELBOURNE FL 32934  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3492212

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROSENWALD, CHARLES	<del>623 DENISE DR</del> 6425 GENOA Trail	MELBOURNE FL <del>32935</del> 32940
VP	ORTIZ, HECTOR	180 HURTIG AVE	PALM BAY FL 32907
			700008584757 10/25/02--01014--009 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSENWALD, CHARLES  
~~623 DENISE DR~~  
MELBOURNE FL 32935

Name

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

~~721-G~~ North Drive

Suite, Apt. #, Etc.

Suite G

City

Melbourne

State

FL

Zip Code

32934

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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 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]*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02

Daytime Phone #

321-752-4047

CR2E040 (8/02)



721-G North Drive Melbourne, FL 32934  
321-752-4047 / FAX 321-752-4918

Division Of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327  
October 22, 2002

Dear Division of Corporations,

Enclosed please find our check # 2687 for \$158.75 for reinstatement. We have not received either mailing of the UBR form. We will make every attempt to receive future mailings from your office.

Please feel free to contact us directly as needed.

Thank you,

A handwritten signature in cursive script, followed by the date '10/22/02'.

Charles Rosenwald  
President, ARTEK Electronics and Manufacturing, INC.  
PH 321-752-4047 FAX 321-752-4918