

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 12 AM 7:49

DOCUMENT # P98000021559

1. Corporation Name

A ART PRESS, CORP.

Principal Place of Business

Mailing Address

P.O. BOX 520277
MIAMI FL 33152

P.O. BOX 520277
MIAMI FL 33152

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

03/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0820464

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
PSTD	NIEVES, DANIEL	4595 EAST 10 LANE	HIALEAH FL 33013
		7830 N.W. 72 Av.	Medley FL 33166

800024425178
11/05/03-01003-001 **150.00

12/12/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

NIEVES, DANIEL
~~4595 EAST 10 LANE~~
~~HIALEAH FL 33013~~

7830 N.W. 72 Av.
Medley FL 33166

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]
REGISTERED AGENT MUST SIGN

Date

10.31.03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.31.03 - (305) 201 2812

FROM :

PHONE NO. : 3058217030

Dec. 11 2003 02:57AM P2

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PEDRO M. RAMOS, C.P.A., P.A.

221 East 49 Street
Hialeah, Florida 33013
(305) 885-9435 / (305) 821-3022
(305) 821-7030 - Fax

December 11, 2003

Florida Department of State
Division of Corporations
Uniform Business Report
P.O. Box 6327
Tallahassee, FL 32314

Attention: Mr. Jay Kassees

Ref.: A Art Press, Corp.
Annual Report 2003

Dear Mr. Kassees,

The purpose of this letter is to respectfully request an abatement of the penalty for late filing of the uniform business report (Annual Report) for A Art Press Corporation. Mr. Daniel Nieves, president, states that he did not receive the report for the year 2003.

Mr. Nieves has been advised that he will received this report early every year and that it is due before May 1 of each year. He agreed to pay \$150 in a timely manner.

Please accept my apologies for any inconvienece this may have caused.

For your records and any further correspondance, the address for A Art Press Corporation is:

P.O. Box 520277
Miami, Florida 33152-0277

Thank you in advance for your cooperation to this matter.

If you have any questions, please do not hesitate to contact me at the number listed above.

Sincerely,


Pedro M. Ramos CPA