

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 20 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038526

1. Corporation Name

A.R.T. PLAZA, INC.

Principal Place of Business

Mailing Address

965 FELLSMERE RD.
SEBASTIAN FL 32958

965 FELLSMERE RD.
SEBASTIAN FL 32958



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

2. New Principal Office Address, If Applicable

967 Fellsmere Rd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1225 45th Court S.W.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1998

City & State

SEBASTIAN, Florida

Zip 32958

Country

City & State

Vero Beach, Florida

Zip 32968

Country

5. FEI Number

65-0848747

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DORAWA, ANDRE	965 FELLSMERE RD.	SEBASTIAN FL 32958
VD	GIAMBANCO, ROBERT	965 FELLSMERE RD.	SEBASTIAN FL 32958
STD	GIAMBANCO, TINA	965 FELLSMERE RD.	SEBASTIAN FL 32958
			100003083181--1 -12/29/99--01076--001 ****600.00
			100003083181--1 -12/29/99--01076--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CLARK, ROBERT C
1936 14TH AVE.
VERO BCH FL 32960

9. Name and Address of New Registered Agent

Name

John P. Kistler Jr.

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

1225 45th Court S.W.

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32968

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.

Signature of
Registered Agent

John P. Kistler Jr.
REGISTERED AGENT MUST SIGN

Date 11/11/99

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:

Robert Giambanco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Giambanco

11-11-99

Date

561-5898784

Daytime Phone #