

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P98000051896

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1. Corporation Name

ARTISTIC T'S OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

2375-301 ST. JOHNS BLUFF RD. S.  
JACKSONVILLE FL 32246

2375-301 ST. JOHNS BLUFF RD. S.  
JACKSONVILLE FL 32246



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

06/05/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 59-3536922  
APPLIED FOR

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DCEO	ARN, ROBERT H	2375-301 ST JOHNS BLUFF RD S	JACKSONVILLE FL
PD	ARN, RANDALL H SR	2375-301 ST JOHNS BLUFF RD S	JACKSONVILLE FL
SD	<del>ARN, DONNA M</del> REMOVED	2375-301 ST JOHNS BLUFF RD S	JACKSONVILLE FL
TD	ARN, JANET S	2375-301 ST JOHNS BLUFF RD S	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISCHETTE, JAMES A  
1301 RIVER PLACE BLVD  
JACKSONVILLE FL 32207

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/12/2000

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904)  
565-2427

10/12/2000

CR2E040 (8/00)

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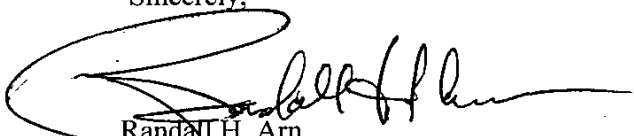
October 12, 2000

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

To Whom This May Concern:

Today on October 12, 2000, I spoke with Kathy Ashton, a representative from your office in reference to the Notice of Administrative Dissolution or Revocation. She stated that my application for reinstatement was returned to me because it was incomplete. According to my records, on May 15, 2000, my check for \$150.00 was deposited by your organization. Kathy also stated that I should have received a correspondence dated May 19, 2000 by mail, I did not receive anything of that nature. I respectfully request that you grant a Waiver of Reinstatement Fee and please process the attached Annual Report.

Sincerely,



Randall H. Arn  
Artistic T's of Jacksonville, Inc  
2375-301 St Johns Bluff Rd. S.  
Jacksonville, FL 32246-2336