

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 28 AM 10:01

DOCUMENT # **P99000013272**

1. Corporation Name

THE ARTISAN GROUP INC
5880 NE 21ST DRIVE
FORT LAUDERDALE, FL 33308

2. Principal Office Address

5880 NE 21ST DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

5880 NE 21ST DRIVE

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33308

Country

USA

Zip

33308

Country

USA

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0918927

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

PATRICIA RIGSBY

400004462924--0

-07/06/01--01037--082

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

5880 NE 21ST DRIVE

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33308

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

Patricia A. Rigby

REGISTERED AGENT MUST SIGN

Date **3.08.2001**

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	PATRICIA A. RIGSBY	5880 NE 21ST DRIVE FORT LAUDERDALE FL 33308	33308 FORT LAUDERDALE FL
TREA	PATRICIA A. RIGSBY	5880 NE 21ST DRIVE	FORT LAUDERDALE FL 33308

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)(j), 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:

Patricia A. Rigby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.08.2001 954 938 4447

Date

Daytime Phone #

CR2E081 (9/00)