

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 28 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000 15493**

1. Corporation Name

Artistic Vision, Inc

2. Principal Office Address

13341 SW 52 Court

Suite, Apt. #, etc.

3. Mailing Office Address

13341 SW 52nd Court

Suite, Apt. #, etc.

City & State

MIRAMAR, Florida

City & State

MIRAMAR, Florida

Zip

33027

Country

US

Zip

33027

Country

US

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

2-16-99

5. FEI Number

65-0899076

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

Edgardo Abello

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

13341 SW 52nd Court

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

800013283788

02/28/03--01082--014 **450.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-12-03

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
PS	Edgardo Abello	13341 SW 52nd Court	MIRAMAR, FL 33027

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)(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

2-12-03

Date

(305) 816-0922

Daytime Phone #

CR2E081 (10/02)

2/13

Artistic Vision, Inc.
13341 SE 52nd Court
Miramar, FL 33027
Tel: (305) 816-0922

February 12th, 2003

Florida Department of State
Division of Corporations
Reinstatement Division
PO Box 6327
Tallahassee, FL 32314

Ref: Reinstatement Request for Artistic Vision, Inc., Document # P99000015493

Dear Sir or Madam,

Herein please find our request for reinstatement as an active Florida corporation and a check in the amount of \$450.00. This amount was confirmed with an examiner in the Reinstatements Division today.

Our company has never received the Annual Uniform Business Report. We respectfully request that all future correspondence be sent to the Principal Office Address provided for on the top of this letter and on the official corporate reinstatement form (attached).

We appreciate your prompt and professional attention to our request. Should you have any questions regarding the aforementioned please do not hesitate to contact us at the number above.

Very truly yours,



Edgardo Abello
Director



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 18, 2003

ARTISTIC VISION, INC.
13341 SW 52ND COURT
MIRAMAR, FL 33027 US

SUBJECT: ARTISTIC VISION, INC.
Ref. Number: P99000015493

We have received your document for ARTISTIC VISION, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$450.00.

The total amount due to reinstate is \$450.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 303A00010619