
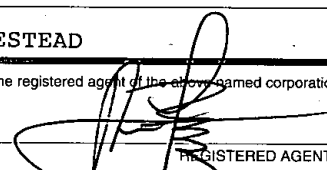
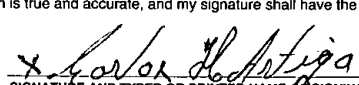


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 SEP 24 PM 2:47	
DOCUMENT # P99000032408					
1. Corporation Name ARTIGA, INC.					
2. Principal Office Address 1561 NE 10th STREET Suite, Apt. #, etc.		3. Mailing Office Address 1561 NE 10th STREET Suite, Apt. #, etc.			
City & State HOMESTEAD, FL		City & State HOMESTEAD, FL			
Zip 33033-4619	Country DADE	Zip 33033-4619	Country DADE	4. Date Incorporated or Qualified To Do Business in Florida 04/08/1999	
5. FEI Number 65-0910020				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name FERNANDEZ, HERNAN A.					
Street Address (P.O. Box Number is Not Acceptable) 27553 S. DIXIE HIGHWAY					
Suite, Apt. #, Etc.					
City HOMESTEAD					
State FL					
Zip Code 33032					
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  REGISTERED AGENT MUST SIGN Date 08/22/2001					
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	
PD	ARTIGA, CARLOS	1561 NE 10th STREET		HOMESTEAD, FL 33033	
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:  CARLOS ARTIGA 08/22/2001 305-245-5745					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (9/99)