

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 30 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000052238**

1. Corporation Name

**ARTISTICRETE, INC.**

Principal Place of Business

Mailing Address

2204 CITRUS BLVD STE 5A  
LEESBURG FL 34748

2204 CITRUS BLVD STE 5A  
LEESBURG FL 34748

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

2. New Principal Office Address, If Applicable

**2325 Griffin Rd.**

Suite, Apt. #, etc.

**Unit #1**

City & State

**Leesburg FL**

Zip

**34748**

Country

**Lake**

3. New Mailing Office Address, If Applicable

**2325 Griffin Rd.**

Suite, Apt. #, etc.

**Unit #1**

City & State

**Leesburg FL**

Zip

**34748**

Country

**Lake**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/07/1999**

**SP**

5. FEI Number

**59-3645211**

Applied For

Not Applicable

6.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MILLS, SHANNON W	4411 ALLEN ROAD	FRUITLAND PARK FL 32771
V	COPPENBARGER, DALE F	4326 MAGNOLIA AVENUE	LEESBURG FL 34748
ST	KEELER, EILEEN M	401 LOUIS STREET	LEESBURG FL 34748
			100003472601--7 -11/21/00--01057--013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**KEELER, EILEEN M**  
**2204 CITRUS BLVD STE 5A**  
**LEESBURG FL 34748**

9. Name and Address of New Registered Agent

Name

**Eileen M. Keeler**

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

**2325 Griffin Rd.**

Suite, Apt. #, Etc.

**Unit #1**

City

**Leesburg**

State

**FL**

Zip Code

**34748**

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

**Eileen M. Keeler**

REGISTERED AGENT MUST SIGN

Date

**October 24, 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:

**Eileen M. Keeler, Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Eileen M. Keeler, Secretary**

**October 24, 2000**

Date

Daytime Phone #

**(352) 728-6501**

CR2EC40 (8/00)