

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

01 MAY -4 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000062315

1. Corporation Name

Fine Art Constructions, Inc.

2. Principal Office Address

568- Ninth St. So.

Suite, Apt. #, etc.

Ste. # 354

City & State

Naples, Fl.

Zip

34102

Country

USA

3. Mailing Office Address:

Same

Suite, Apt. #, etc.

City & State

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

6-30-99

5. FEI Number

59-3592790

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

Nancy Gifford

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

568- Ninth Street South

Suite, Apt. #, Etc.

Ste. # 354

City

Naples

State

FL

Zip Code

34102

500004212535 6

05/11/01-0118-005

***\$900.00 ***\$900.00

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

Nancy Gifford

REGISTERED AGENT MUST SIGN

Date 4-14-2001

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

Nancy Gifford

568-Ninth St. South #354

Naples, Fl. 34102

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:

Nancy Gifford / NANCY GIFFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-14-2001

Daytime Phone #

941-513-0038

CR2E081 (9/99)