PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000067708

1. Corporation Name

ARTE DI TIERRA, INC.

Mailing Address

3200 N. PORT ROYAL BLVD.. #408 FORT LAUDERDALE FL 33308

Principal Place of Business

3200 N. PORT ROYAL BLVD.. #408 FORT LAUDERDALE FL 33308 FILED_

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SECRETARY OF STATE TALLAHASSEE FLORIDA

If above ad	Idracence are	incorrect in any way. line th	rough incorract in	nformation and enter	correction helo		TATEME	M 🔼)
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili				ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/29/1999			
Suite, Apt. #, etc. Suite, Apt. #,						6 EEI Number			
City & State City			City & State	City & State		65 09	65 0932442 Not Applicable		
Zip		Country	Zip	Countr	у	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee for a Certificate of	
7. Names a	nd Street Ad	Idresses of Each Officer and	l/or Director (Flo	orida nonprofit corpora	ations must list	at least 3 directors)			
Title(s)	Name of Officers and/or Directors		•	Street Address of Ea Officer and/or Direct			City / State / Zip		•
Residuat.	esiant Teffrey F. Berk			3200 N. PORT ROYAL			FORT CANDERDME, FL 77308		
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	S Non	ne and Address of Current	Pagistared Age	ent	1	9. Nama and A	Address of New Registe	red Agent	
	- O. Hull	To and Addiess of Content	. Ivegistored rig	Name Name					
BERK, JEFFREY F					Street Address (P.O. Box Number is Not Acceptable)				
•		Dyal Blvd., #408			Street Address (P.O. Box Number is Not Acceptable)			_	
FORT LAUDERDALE FL 33308					Suite, Apt. #, Etc.				
					City			State Zip Code	
10. l. beina	appointed th	e registered agent of the at	ové named corp	oration, am familiar w	ith and accept 1	the obligations of Secti	on 607.0505, F.S.		

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 filling 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 of Registered Age

DE TOUR NAME OF SIGNING OFFICER OR DIRECTOR

GISTERED AGENT MUST SIGN

effrey Fred Berk 10/15/00

954 938 115

Davtime Phone #