

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 24 AM 9:33

DOCUMENT # P99000084028

1. Corporation Name

ALL ART IMAGES, INC.

Principal Place of Business

Mailing Address

1830 DEL PRADO BLVD., SO.
CAPE CORAL FL 33990

1830 DEL PRADO BLVD., SO.
CAPE CORAL FL 33990



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0950828

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HOSACK, BARBARA K	602 S.W. 49TH LANE	CAPE CORAL FL 33914

900003455379--3
-11/07/00--01080--020
****150.00 ****150.00

10/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOSACK, BARBARA K
1830 DEL PRADO BLVD., SO.
CAPE CORAL FL 33990

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

10/19/99

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/99



Cossentino & Orlando

Accountants
1402 Cape Coral Parkway
Cape Coral, Florida 33904
(941) 945-4939
Fax (941) 945-4938

October 19, 2000

Florida Department of State
Div. of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: All Art Images, Inc.
#P99000084028

To Whom It May Concern:

I am the accountant for the above-mentioned client. In March of 2000, we contacted the Department of State because my client did not receive his annual filing report. For some reason, his annual report was sent back and we are not sure why, since the address was correct when we called Tallahassee, They said they would send another form immediately, before the May 1 due date. In late April of 2000, we again called and informed the Department of State that we have not, received a blank form. We finally received this form on October 15th, after another phone call was made. We were disturbed by this and complained to the Department of State, that because of their error, we did not feel that we were liable for the \$750.00 fee. They advised us that we should send in this letter explaining the circumstances, and that the \$150.00 fee would be accepted.

If you should have any questions, please feel free to contact me.

Thank you,

Salvatore J. Cossentino

SC/eg