

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000097472

1. Corporation Name

ARTWORK SPECIAL PAINTINGS CO.

Principal Place of Business

Mailing Address

15706 68TH CT. NORTH
LOXAHATCHEE FL 33470

P.O. BOX 1537
LOXAHATCHEE FL 33470

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1999

5. FEI Number

65-0959676

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
PSTD	MONTAGNA, EDUARDO	15706 68TH CT. NORTH	LOXAHATCHEE FL 33470

700004421387-7
-06/14/01--01129--006
****300.00 ****300.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Laurence J. Spiegel
REGISTERED AGENT MUST SIGN

Date 5/15/01

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:

EDUARDO MONTAGNA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/24/01 (561) 7533946

Daytime Phone #

cell (561) 329 8290

May 24 2001

From: Eduardo Montagne

"ARTWORK SPECIAL PAINTING'S CO."

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TO: Michell Milligan

SUBJECT: DOC # P99000097472

Hi, you may not remember but I spoke with you by phone in April about my problem that I did not received any bill for the annual fee, so I ended up receiving instead, the Revocation Notice.

Health problems, kept me off track until now, so, here is the \$300.00 for the reinstatement fee that you said I had to pay to get the Company reinstated.

Thankyou very much for your help on the phone
God bless you

[Eduardo Montagne]