1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~ REINSTATEMENT

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

FILED
02 MAY -6 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L77098

4BR
01-02

1. Corporation Name
ARBITARE DEVELOPMENT COMPANY

2. Principal Office Address		**3.** Mailing Office Address	
9555 KENDALL DR.		9555 KENDALL DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 104		SUITE 104	
City & State		City & State	
MIAMI FL		MIAMI FL	
Zip	Country	Zip	Country
33176	DADE	33176	DADE

4. Date Incorporated or Qualified To Do Business in Florida 5/29/1990

5. FEI Number 650216219 ☐ 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
JACK PLUNKETT JR.

Street Address (P.O. Box Number is Not Acceptable)
6125 SW 133 ST

900005556008--9
-05/17/02--01004--013
****300.00 ****300.00

Suite, Apt. #, Etc.

City
PINECREST FL 33156

State FL | Zip Code 33156

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 Jack Plunkett Jr. Date 5/02/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
DPT S	JACK PLUNKETT JR	6125 SW 133 ST. PINECREST, FL. 33156	PINECREST, FL 33156

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: Jack Plunkett Jr. Jack Plunkett Jr. PRES. 5/02/02 (305) 275-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BD

Arbitare
9555 N. Kendall Drive
Suite 104
Miami, Florida 33176
Tel: (305) 275-0999
Fax: (305) 275-0970

Cover Sheet

DATE: 2 May 2002

TO: Department of State

FROM: Jack Plunkett

RE: Reinstatement of Corporation Doc# L77098

CC:

Could you please waive the reinstatement fee for the above referenced corporation. We did not receive the Annual Report mailing due to a change in our mailing address.

Thank you for your consideration in this matter.

Sincerely,

Jack Plunkett Jr.