

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED

04 JAN 15 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M47077

1. Corporation Name

ARGEN CONTRACTING CORPORATION

2. Principal Office Address

6178 FRANCIS STREET

3. Mailing Office Address

6178 FRANCIS STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH GARDENS, FL

PALM BEACH GARDENS, FL

Zip

Country

33418

USA

Zip

Country

33418

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1987

5. FEI Number

65-0039431

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

QUILES, JUAN N.

01/15/04--01024--001 **150.00

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

6178 FRANCIS STREET

01/15/04--01024--001 **150.00

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS,

State

FL

Zip Code

33418

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

REGISTERED AGENT MUST SIGN

Date

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
P	QUILES, JUAN N.	6178 FRANCIS STREET	PALM BEACH GARDENS, FL 33410
D	CORIA, OSCAR A	1991 MONKS CT	WEST PALM BEACH, FL 33415

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: *Juan Quiles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN QUILES

Date

1/8/04

Daytime Phone #

CR2E08T (10/02)