

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 DEC 22 PM 1:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *✓ 71721*

1. Corporation Name

ARGUELLES AND ARGUELLES, INC.

Mailing Address

Principal Place of Business

9455 S.W. 78th Street
Miami, FL 33173

9455 S.W. 78th Street
Miami, FL 33173

REINSTATEMENT *aw*

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

2. New Mailing Address, If Applicable

N/A

3. New Principal Office Address, If Applicable

N/A

4. Date Incorporated or Qualified To Do Business in Florida *10/12/92*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FFI Number

65-0377795

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Daniel Arguelles, Jr.	9455 S.W. 78th Street	Miami, Florida 33173

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-12/26/97--01103--016
***1410.00 ***1410.00

8. Name and Address of Current Registered Agent

Linda Arguelles
9455 S.W. 78th Street
Miami, Florida 33173

9. Name and Address of New Registered Agent

Name
SKRID
Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle
Suite, Apt. #, Etc.
Suite 1102
City
Coral Gables
State
FL
Zip Code
33134

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.

BY: *Oscar Rivera*, VICE PRESIDENT
SIGNATURE OF REGISTERED AGENT
REGISTERED AGENT MUST SIGN

Date *12/18/97*

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Daniel Arguelles, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/97 (305) 595-4577
Date Daytime Phone #

CP2E040 (5/94)