

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 10 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M58246

1. Corporation Name

ARCIS CORPORATION
12435 S.W. 34TH ST.
MIAMI, FL 33175

Principal Place of Business

4305 S.W. 75TH AVE.
MIAMI, FL 33155

Mailing Address

P. O. BOX 2651
HIALEAH, FL 33012

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

2. New Principal Office Address, If Applicable
4305 S.W. 75TH AVE.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P. O. BOX 2651
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number 59-2840030

Applied For
Not Applicable

City & State
MIAMI, FL

City & State
HIALEAH, FL

Zip Country
33155 MIAMI-DADE

Zip Country
33012 MIAMI-DADE

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	GONZALEZ, FILIBERTO	12435 S.W. 34TH ST.	MIAMI, FL 33175
S/T	GONZALEZ, MARTA	12435 S.W. 34TH ST.	MIAMI, FL 33175

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-07/16/98--01008--005
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

GONZALEZ, FILIBERTO
12435 S.W. 34TH STREET
MIAMI, FL 33175

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 06/29/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

FILIBERTO GONZALEZ - PRESIDENT

06/29/98
Date

305-265-8444
Daytime Phone #