

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000028640

1. Corporation Name

ARCOTI, INC.

Principal Place of Business

P.O. BOX 60838  
FORT MYERS FL 33906

Mailing Address

P.O. BOX 60838  
FORT MYERS FL 33906

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

2. New Principal Office Address, If Applicable

6516 HARTLAND ST  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6516 HARTLAND ST.  
Suite, Apt. #, etc.

City & State

FT. MYERS, FLORIDA

Zip

33912

Country

U.S.

City & State

FT. MYERS, FLORIDA

Zip

33912

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/12/1995

5. FEI Number

65-0571613

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	COTILLO, ANTONIO R	6516 HARTLAND ST	FORT MYERS FL 33912
V	HANCOCK, LARRY NO LONGER AN EMPLOYEE CANCEL OUT	PO BOX 60838	FT MYERS FL 33906
S	MONTE, LUIS NO LONGER AN EMPLOYEE CANCEL OUT	PO BOX 60838	FT MYERS FL 33906
	NO NEW OFFICERS THANK YOU		

700003457607--7  
-11/08/00--01076--018  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

COTILLO, ANTONIO R  
6516 HARTLAND ST  
FORT MYERS FL 33912

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

*Antonio R. Cotillo*

REGISTERED AGENT MUST SIGN

Date 10-16-00

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.

KE

SIGNATURE:

*Antonio R. Cotillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00 1-941-565-1268

Date

Daytime Phone #