


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---	--

DOCUMENT # **M21213**

1. Corporation Name

**ARC AND ASSOCIATES DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

15055 S.W. 68 TERR.  
MIAMI FL 33193

15055 S.W. 68 TERR.  
MIAMI FL 33193

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/27/1985

5. FEI Number

59-2589428

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RODRIGUEZ-CABARROCAS, A.	15055 SW 68 TERR.	MIAMI FL
VSD	RODRIGUEZ-CABARROCAS, M.	15055 SW 68 TERR.	MIAMI FL

000004635200--8  
11/27/01-01048-019  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ-CABARROCAS, ALBERTO  
15055 S.W. 68 TERR.  
MIAMI FL 33193

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

10-30-01

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-01

ARC & Associates Development Corp. P.O. Box 652738 Miami, FL 33265-2738  
PH: 305-385-3157 Fax: 305-752-3331  
E-Mail: Cabarrocas@aol.com

LETTER OF  
TRANSMITTAL

Date: 10-30-01

To: PIU. OF CORP.  
P.O. Box 6327  
TALLAHASSEE FL  
32314-6327

Re: REINSTATEMENT  
BLU + SSSC. DEV. CORP.  
15055 SU 68TH  
MIAMI, FL 33193

Remarks: Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment ☐

Attached are the following documents:

PLEASE BE AWARE THAT WE HAVE  
NOT RECEIVED ANY FORM WORK FROM  
THE STATE PREVIOUSLY TO THIS LETTER.  
FOR OUR ANNUAL REPORT

cc:

Sincerely,

11 Cabarrocas 11/12/30/01