

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT
2017



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12000001790

1. Corporation Name

Floridian Arms, Inc.

2. Principal Office Address - No P.O. Box #

1420 NE 170 Street

Suite, Apt. #, etc

326

City & State

Miami, Florida

Zip

33162

Country

US

3. Mailing Office Address

1450 NE 170 Street

Suite, Apt. #, etc

326

City & State

Miami, Florida

Zip

33162

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/2012

5. FEI Number

59-1000809

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Juan Luis Cruz

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

1450 NE 170 Street

Suite, Apt. #, Etc

326

City

North Miami Beach

State

FL

Zip Code

33162

700303425577
09/07/17--01028--001 **238.25
\$ 21000

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 8/30/2017

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	Juan Luis Cruz	1450 NE 170 Street #326	North Miami Beach, Florida 33162
VP	Veronica Cohen	18201 Collins Ave. #3402	Sunny Isles Beach, Florida 33160
S	Julie Huynh	1450 NE 170 Street #326	North Miami Beach, Florida 33162
T	Juan Linval	1450 NE 170 Street #309	North Miami Beach, Florida 33162

10. E-mail Address: precursorian@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/06/2017

Date

3054341785

Daytime Phone #