

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 524152

1. Entity Name
ARMON, INC.



FILED

08 NOV -5 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
16050 S TAMiami TR
STE 105
FT. MYERS, FL 33908

Mailing Address
16050 S TAMiami TR
STE 105
FT. MYERS, FL 33908

2. Principal Place of Business - No P.O. Box #
5686 YOUNGQUIST RD
Suite, Apt. #, etc.
#116
City & State
FORT MYERS, FL 33912

3. Mailing Address
5686 YOUNGQUIST RD
Suite, Apt. #, etc.
#116
City & State
FORT MYERS, FL 33912



REINSTATEMENT 08

4. FEI Number
59-1727778
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOONSOPON, ARMON
16050 S. TAMiami TRAIL
#105
FT. MYERS, FL 33908

7. Name and Address of New Registered Agent
Name ARMON BOONSOPON
Street Address (P.O. Box Number is Not Acceptable)
5686 YOUNGQUIST RD #116
City FORT MYERS FL Zip Code 33912

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 11-3-08
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONSOPON, ARMON		NAME	BOONSOPON, ARMON	
STREET ADDRESS	16050 S TAMiami TR.		STREET ADDRESS	5686 YOUNGQUIST RD #116	
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE 11-3-08 DAYTIME PHONE # 482-1140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR