

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 23 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

ARCHIES, INC.

2. Principal Office Address

7093 S. TAMiami TRAIL

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34231

Country

USA

3. Mailing Office Address

7093 S. TAMiami TRAIL

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34231

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/77

5. FEI Number

59-1741617

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

GARY ROBERTS

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

7093 S. TAMiami TRAIL

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

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

Date 7 21 04

REGISTERED AGENT MUST SIGN

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
PRES	GARY ROBERTS	7093 S. TAMiami TRAIL	SARASOTA, FL 34231

10. 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

7.21.04

Date

941.921.2480

Daytime Phone #

CR2E081 (01/04)