

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
CORPORATIONS

08 DEC 12 PM 4:13

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F05,000007252

100138985221
12/12/08--01035--013 **450.00

1. Corporation Name

Arco Industries

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

120 Windsor Place

3. Mailing Office Address

120 Windsor Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Central Islip, NY

City & State

Central Islip NY

Zip

11722

Country

US

Zip

11722

Country

US

4. Date Incorporated or Qualified
to Do Business in Florida

12/14/05

5. FEI Number

113350323

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

LISA E GLASSMAN PA

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

18851 NE 29th Ave

Suite, Apt. #, Etc.

#700

City

Aventura

State

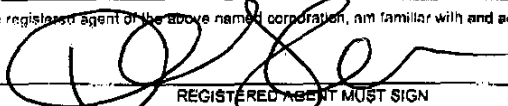
FL

Zip Code

33180

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 12/8/08

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	Gil Korine	120 Windsor Pl	Central Islip NY 11722

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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:

Gil Korine 12/8/08

Date

Daytime Phone #

631.851.1555

12/12/08