

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F79598**

1. Corporation Name

ARPIN & SONS, INC.

FILED

99 DEC 22 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1930 NE 52ND STREET
FT. LAUDERDALE FL 33308

Mailing Address

1930 NE 52ND STREET
FT. LAUDERDALE FL 33308

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1982 **SP**

5. FEI Number

59-1803215

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐ ☒



REINSTATEMENT

99

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
P	ARPIN, DONALD JOHN JR	1930 NE 52ND STREET	FT. LAUDERDALE FL 33308

500003082435--8

-12/29/99--01005--021

****750.00 ****750.00

8. Name and Address of Current Registered Agent

ARPIN, DONALD JOHN, JR.
1930 N.E. 52ND ST.,
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **12/20/99**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/99 954(772-8345)

Date

Daytime Phone #