

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000000555**

1. Corporation Name

ARCHETYPE DISCOVERIES WORLDWIDE, INC

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

8965 SOUTHEAST HARBOR IS

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL

Zip

33455

Country

USA

3. Mailing Office Address

8965 SOUTHEAST HARBOR IS

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL

Zip

33455

Country

USA

7. Name and Address of Current Registered Agent

Name

LUCILLE DEBELLIS

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

8965 SOUTHEAST HARBOR ISLAND WAY

Suite, Apt. #, Etc.

City

HOBE SOUND, FL

State

FL

Zip Code

33455

4. Date Incorporated or Qualified
To Do Business in Florida

2/3/97

5. FEI Number

582321876

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

REINSTATEMENT

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

Lucille M. de Bellis
REGISTERED AGENT MUST SIGN

Date

4/16/10

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	GILBERT RAPAILLE	8965 SOUTHEAST HARBOR ISL	HOBE SOUND, FL 33455

10. E-mail Address: **ERH1951@PTD.NET**

(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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/10

Date

570-296-8604

Daytime Phone #