

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

04 DEC -2 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99466

1. Corporation Name

Maria E. Arroyave, INC

2. Principal Office Address

946 Surf Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

946 Surf Ln

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Bch., FL.

Zip

32963

Country

U.S.

Zip

32963

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/82

5. FEI Number

59-2215425

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

Maria E. Arroyave

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

946 Surf Ln.

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Date

11/29/04

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
President	Maria E. Arroyave	946 Surf Ln	Vero Bch., FL 32963

100043126321
12/02/04--01028--002 **750.00

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)(f), 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

11/29/04

Date

(772) 4924806

Daytime Phone #