

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT -2 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **C25356**

1. Corporation Name
Arnold & Sakowicz Group Inc.

Principal Place of Business Mailing Address
7480 Fairway Dr. #110 7480 Fairway Dr. #110
Miami Lakes, Fl 33014 Miami Lakes, Fl. 33014

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1984	
City & State		City & State		5. FEI Number	
Zip		Zip		59 2343584	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Wayne E. Arnold	13001 SW 14th Place	Davie, Fl 33325
S/D	Kenneth G. Sakowicz	7480 Fairway Drive #110	Miami Lakes, Fl 33014

300002659863-9
10/08/98-00073-005 9
***1050.00 ***1050.00
B10/6
REINSTATEMENT 96-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Kenneth G. Sakowicz 7480 Fairway Drive #110 Miami Lakes, Fl 33014		Name Kenneth G. Sakowicz Street Address (P.O. Box Number is Not Acceptable) 7480 Fairway Drive #110 Suite, Apt. #, Etc. City Miami Lakes State FL Zip Code 33014	

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]* REGISTERED AGENT MUST SIGN Date *10/08/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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]* Kenneth G. Sakowicz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *10/08/98* 305-8235871
Daytime Phone #