

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2003

FILED

03 NOV 26 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G88981**

1. Corporation Name

ARMEN CO., INC.

Principal Place of Business

Mailing Address

6700 NW 37 CT.
MIAMI FL 33147
US

**6851 NW 37 COURT
33147**

6700 NW 37 CT.
MIAMI FL 33147
US

**6851 NW 37 COURT
MIAMI FLA 33147**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/1984

5. FEI Number

59-2389514

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DAVITIAN, GEORGE	6771 NW 37TH COURT	MIAMI FL 33147
TSD	DAVITIAN, NAOMI	6771 NW 37TH CT.	MIAMI FL 33147

900024340919
10/31/03-01098-007 **150.00

8. Name and Address of Current Registered Agent

**LEWIS, MARVIN W ESQ.
799 BRICKELL PLAZA
#702
MIAMI FL 33131-2704**

9. Name and Address of New Registered Agent

Name
MARCO DE LA CAL, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
999 Ponce De Leon Boulevard, Suite 720
Suite, Apt. #, Etc.
Suite 720
City
Coral Gables State **FL** Zip Code **33134**

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/20/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/03

Daytime Phone #

CR2E040 (7/03)