

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

98 DEC 31 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 563774

1. Corporation Name
ARNONE BUILDING AND DESIGN, INC.

Principal Place of Business Mailing Address
7667 W. SAMPLE Rd. 7667 W. SAMPLE Rd.
STE 224 STE 224
CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03-20-87	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2318203 Applied For Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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
PRES	GREGORY L. ARNONE	7667 W. SAMPLE ROAD STE 224	CORAL SPRINGS, FL 33065
V.P.	PAMELA ARNONE	7667 W. SAMPLE ROAD STE 224	CORAL SPRINGS, FL 33065
ASST SECY	BRUCE I KRAVITZ	11440 OKEECHOBEE Blvd. STE 219	ROYAL PALM BEACH, FL 33411
			000002729980--9 -01/05/99--01025--007 ****750.00 ****750.00
			12/31

8. Name and Address of Current Registered Agent BRUCE I. KRAVITZ 11440 OKEECHOBEE Blvd STE 219 ROYAL PALM BEACH, FL 33411		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	
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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 BRUCE I. KRAVITZ REGISTERED AGENT MUST SIGN Date 12/23/98

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: BRUCE I. KRAVITZ, ASST. SECY 12-23-98 (561) 795-5373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EQ40 (198)