

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 16 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *K 96279*

1. Corporation Name

A.R.C. FINANCIAL GROUP, INC.

2. Principal Office Address

900 COLONY POINT CIRCLE

Suite, Apt. #, etc.

SUITE 310

City & State

PEMBROKE PINES, FL.

Zip

33026

Country

USA

3. Mailing Office Address

900 COLONY POINT CIRCLE

Suite, Apt. #, etc.

SUITE 310

City & State

PEMBROKE PINES, FL.

Zip

33026

Country

USA

REINSTATEMENT *03-04*

800030501118
03/16/04--01009--006 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida 1989**

6/19/89

5. FEI Number
650207034

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

RORY ROHAN

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

900 COLONY POINT CIRCLE

Suite, Apt. #, Etc.

SUITE 310

City

PEMBROKE PINES

State

FL

Zip Code

33026

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

Date **3-10-04**

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
P	RORY ROHAN	900 COLONY POINT CIRCLE #310	PEMBROKE PINES, FL., 33026

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)(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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

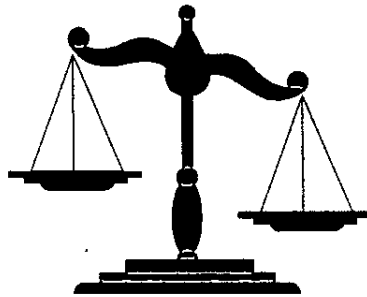
Rory Rohan 3/10/04

Date

Daytime Phone #

5612524411

CR2081 (01/04)



RORY ROHAN ATTORNEY AT LAW FLORIDA BAR NUMBER 0310093
900 COLONY POINT CIRCLE SUITE 310 PEMBROKE PINES, FLORIDA 33026 561-252-4411 (fax) 561-832-5028
(Email) rrohan@bellsouth.net

March 3, 2004
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Fl., 32314

Dear Sir/Madam:

Please note that we never received the Annual Report Filing Form for A.R.C. Financial Group, Inc., for the year 2003. Please note that we have just recently discovered that the report was not filed and that the corporation was administratively dissolved in September of 2003. Please accept the enclosed check, as per our conversation with this office, as payment for the fees due for 2003 and 2004. Your anticipated courtesies are greatly appreciated. Thank you.

Sincerely,


Rory Rohan