

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L56300

Entity Name: ARPIN ASSOCIATES, INC.

FILED
Oct 14, 2009
Secretary of State

Current Principal Place of Business:

736 COURTSIDE DR.
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

736 COURTSIDE DR.
NAPLES, FL 34105

New Mailing Address:

FEI Number: 04-2658609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, F EDWARD ESQ
821 FIFTH AVE SOUTH STE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: F. EDWARD JOHNSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ARPIN, LEON G., JR
Address: 736 COURTSIDE DR
City-St-Zip: NAPLES, FL 34105

Title: SD () Delete
Name: ARPIN, SARAH K.
Address: 736 COURTSIDE DR
City-St-Zip: NAPLES, FL 34105

Title: VP () Delete
Name: WATTS, GEORGE W., III
Address: 11414 N.W. 29TH AVE.
City-St-Zip: VANCOUVER, WA 98685

Title: VP () Delete
Name: DOUCETTE, WILLIAM J.
Address: 42 LOST PASS WAY
City-St-Zip: WATERVILLE VALLEY, NH 03215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON G. ARPIN, JR.

PTD

10/14/2009

Electronic Signature of Signing Officer or Director

Date