

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L60868

1. Corporation Name

ARGYLE CAPITAL HOLDINGS, INC.

**REINSTATEMENT** 01-02

2. Principal Office Address

5711 NW 7th AVE.

3. Mailing Office Address

5711 NW 7th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33127

Country

US

Zip

33127

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

3-23-1990

5. FEI Number

65-0190371

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

OLIVER J. WILLIAM JR.

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

5711 NW 7th AVE.

500008833195

11/06/02--01068--029 \*\*90 :00

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33127

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

REGISTERED AGENT MUST SIGN

Date 10-25-02

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/D	ROBERT A. KRAVITZ	5711 NW 7th AVE.	MIAMI, FL 33127
VD	OLIVER J. WILLIAM JR.	5711 NW 7th AVE.	MIAMI, FL 33127

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-02 786-252-6755

Date Daytime Phone #

CR2E081 (8/01)

js 11/28/02