

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L78360

1. Entity Name

ARCH INNOVATORS, INC.



FILED

06 AUG 10 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1840 SW 22nd Street

3. Mailing Address
The same

REINSTATEMENT

03-86

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number
650199618

Applied For
Not Applicable

Zip
33145

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street, 4th Floor

City
Miami

FL

Zip Code
33145

8. 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. I am familiar with, and accept the obligations of registered agent. **SPIEGEL & UTRERA, P.A.**

SIGNATURE

By:

Natalia Utrera

Natalia Utrera, Vice President

8-8-06

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
David V. Low
P. O. Box 6801
Clearwater, FL 34621

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300078883473
08/18/06--01040--023 **500.00

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**DO NOT WRITE
IN THIS SPACE**

K. Eckel AUG 10 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

David V. Low

David V. Low

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/06

Date

Daytime Phone

**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

2/a

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

1. David V. Low is the President of ARCH INNOVATORS, INC., a Florida corporation, (hereinafter "Corporation").

2. That the Corporation was administratively dissolved by the Florida Department of State on September 19, 2003.

3. That the Corporation failed to file its 2003, 2004, 2005 and 2006 Annual Report or pay the 2003, 2004, 2005 and 2006 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:

3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,

3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.

4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2003, 2004, 2005 and 2006 Annual Report fees and the filing of its 2003, 2004, 2005 and 2006 Annual Reports, which are presented simultaneously with this Affidavit.

5. ARCH INNOVATORS, INC. satisfies the requirements of the Florida Statutes 607.0401.

6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 8th day of August, 2006

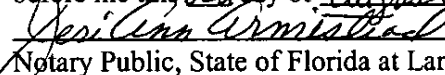
FURTHER, AFFIANT SAYETH NOT

ARCH INNOVATORS, INC.

By: 
David V. Low, President

SWORN AND SUBSCRIBED

before me this 8th day of August, 2006


Notary Public, State of Florida at Large

Printed Name: _____

Commission Expires: _____



Jeni Ann Armistead
My Commission DD373784
Expires December 08, 2008