L95000000013

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
99 APR 19 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000013

1. Corporation Name

ARECA, L.C.

Mailing Address	Principal Place of Business
4729 Del Prado Blvd. Cape Coral, FL 33904	4729 Del Prado Blvd. Cape Coral, FL 33904

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
P.O. Box 307	4531 SE 10th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral FL	City & State: Cape Coral FL
Zip: 33910 Country: USA	Zip: 33904 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: January 5, 1995

5. FEI Number: 65-0633534 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
M	Plonsky, Klaus	Schlangenbader Str. 42	14197 Berlin/Germany
M	Plonsky, Renate	Schlangenbader Str. 42	14197 Berlin/Germany

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8. Name and Address of Current Registered Agent

Ernest A. Seemann, ESq.
4729 Del Prado Blvd.
Cape Coral, FL 33904

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1105 Cape Coral Pkwy. East

Suite, Apt. #, Etc.
Suite C

City: Cape Coral State: FL Zip Code: 33904

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: E A Seemann Date: 4/16/99
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: X [signature] ARECA LC PRESIDENT, Klaus Plonsky 04.14.99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E043 (6/94)