

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **M24726**

1. Corporation Name

ARKO INVESTMENT CORP.

Principal Place of Business

2011 S.W. 101 AVENUE
% ALL AMERICAN
MIRAMAR FL 33025

Mailing Address

2011 S.W. 101 AVENUE
% ALL AMERICAN
MIRAMAR FL 33025

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1985

5. FEI Number

59-2648105

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	ARBELAEZ, RAUL	2011 S.W. 101 AVENUE	MIRAMAR FL 33025
VPTD	ARBELAEZ, CLARA	832 S.W. 159TH TERRACE	SUNRISE FL 33326

REINSTATEMENT 98-99

800002768658--4
-02/09/98--01067--009
****900.00 ****900.00

8. Name and Address of Current Registered Agent

SLIVKA, MICHAEL A
9000 SHERIDAN STREET
SUITE 114
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name
Michael A. Slivka
Street Address (P.O. Box Number is Not Acceptable)
12955 Biscayne Blvd., No. 202
Suite, Apt. #, Etc.
City
North Miami
State
FL
Zip Code
33181

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

Michael A. Slivka

REGISTERED AGENT MUST SIGN

Date: 1/23/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Michael A. Slivka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-1999

954-431-6077
Daytime Phone #

CR2E040 (9/98)