

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 14 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M80675

1. Corporation Name

ARCO POWDER, INC.

Principal Place of Business

Mailing Address

HC ROUTE 1
BOX 102 COUNTY ROAD 357
MAYO, FL 32066

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.

6321 S.W. 136 Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33330

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/9/88

5. FEI Number

59-2671313

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
D	W. Lee Hearn	6321 S.W. 136 Avenue Ft. Lauderdale, FL 33330	
D/S	Giovanni Brus	8144 N.W. 1 Street Coral Springs, FL 33071	
D	Martin Slove	843 Nancy Way West Field, NJ 07090	400003128104--7 -02/08/00--01114--014
P	Paul Knapp	1930 N.W. 41 Street Oakland Park, FL 33309	****750.00 ****750.00

8. Name and Address of Current Registered Agent

Harold Sturlowitz
7800 N. University Drive, #202
Tamarac, FL 33321

9. Name and Address of New Registered Agent

Name

Samuel A. Persaud, Esq.

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

1450 Madruga Avenue

Suite, Apt. #, Etc.

Suite 300

City

Coral Gables

State

FL

Zip Code

33146

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

Samuel A. Persaud
REGISTERED AGENT MUST SIGN

Date

1/6/00

11. This corporation owes 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:

William Lee Hearn W. Lee Hearn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/00

Daytime Phone #

305-545-2454