

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC -7 PM 4:00

DOCUMENT # P00000074471

1. Corporation Name

ARCHIFORM, INC.

Principal Place of Business

Mailing Address

720 SW 18TH COURT  
FORT LAUDERDALE FL 33315

720 SW 18TH COURT  
FORT LAUDERDALE FL 33315

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/04/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip Country Zip Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CHEREWAN, GEORGE N	720 SW 18TH COURT	FORT LAUDERDALE FL 33315
D	CHEREWAN, DIANA L	720 SW 18TH COURT	FORT LAUDERDALE FL 33315

200004741632-4  
-12/27/01--01057--010  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROY, MIRANDA  
720 SW 18TH COURT  
FORT LAUDERDALE FL 33315

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

AD

11. 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

Date

Daytime Phone #

**Archiform, Inc.**

20fz  
720 SW 18th Court  
FT. Lauderdale, FL 33315

Phone 954-771-8900  
Fax 954-969-1653

October 26, 2001

Florida Dept. of State  
PO Box 6327  
Tallahassee, FL 32314

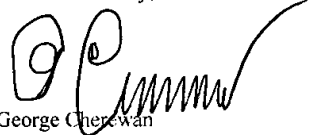
TO: Whom It May Concern:

Re: Document # P00000074471:

This letter is in reference to a notice of dissolution I received in the mail regarding my corporation Archiform, Inc. I was unaware that my corporation had to be renewed considering I was not even in business in 2000. I did not have my business account nor did I have to file a Corporate Tax Return. I was not up and running until 2001.

After speaking with your office I was instructed to send a check for \$ 150.00 and a letter why the original renewal was not sent in. The reason it was not sent in is because I never received it. I did not receive anything pertaining to renewing my corporation. Which is why I did not know I had to. Your office also said that they sent a 2nd notice. I did not receive that. I am not missing any mail so I know that there is nothing wrong the postal service. I am confused as to why I never received those notices. Please find enclosed a check for \$150.00. I would appreciate your help with this matter. I apologize for any inconvenience and I will look for the renewal from now on.

Sincerely,

  
George Cherewian  
President