

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000105867

1. Entity Name
ARCH REALTY, INC.



FILED

06 NOV 28 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
923 SW 122 AVENUE
MIAMI, FL 33184

Mailing Address
2665 INAGUA AVENUE
MIAMI, FL 33133

2. Principal Place of Business

3. Mailing Address

165 Buttonwood Dr.



REINSTATEMENT (11/05)

de

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key Biscayne, FL.

4. FEI Number
65-1053832

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORENZO-LUACES, LOURDES
2665 INAGUA AVENUE
MIAMI, FL 33133

Name

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

165 Buttonwood Dr.

City

Key Biscayne

FL

Zip Code

33149

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LORENZO-LUACES, LOURDES
STREET ADDRESS 2665 INAGUA AVENUE
CITY-ST-ZIP MIAMI, FL 33133

TITLE
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CITY-ST-ZIP
500082331605
12/06/06--01060--019 **308.75

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/06

Date

305.361.1550

Daytime Phone #