

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P010000013468**

1. Corporation Name

Armenco, Incorporated

2. Principal Office Address

909 E. Cypress Creek Road

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33334

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02-03
MRD

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/5/01

5. FEI Number

16-0344817

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles Friedson

400025776964

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

909 E. Cypress Creek Road

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33334

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Charles Friedson

REGISTERED AGENT MUST SIGN

Date **12/3/03**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Charles Friedson	909 E Cypress Creek Rd	Ft. Lauderdale FL 33334
D	Daniel D. Nielsen	909 E. Cypress Creek Rd	Ft. Lauderdale, FL 33334

10. 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:

Charles Friedson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/03

Date

(754) 264-3460

Daytime Phone #

CR2E081 (10/02)