

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 14, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P01000018138

1. Entity Name
ARC SCREENS, INC.



Principal Place of Business
**P.O. BOX 9652
CORAL SPRINGS, FL 33075**

Mailing Address
**7880 N. UNIVERSITY DRIVE
#201
TAMARAC, FL 33321**

REINSTATEMENT 07-08



2. Principal Place of Business - No P.O. Box #
33065 4301 NW 76 AVE

3. Mailing Address
PO BOX 9652

04092008 REIN-P CR2E098 (1/07)

City & State
Coral Springs FL

City & State
Coral Springs FL

Zip
33065

Country
USA

Zip
33065

Country
USA

4. FEI Number
65-1078667

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROSEN, JEROME L
7880 N UNIVERSITY DRIVE STE 201
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent
Name
Ryan Mansour
Street Address (P.O. Box Number is Not Acceptable)
4301 NW 76 Avenue
City
Coral Springs FL Zip Code
33065

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 _____ DATE **4/10/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARLEE, CLINT P.O. BOX 9652 POMPANO BEACH, FL 33075 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSOUR, RYAN P.O. BOX 9652 POMPANO BEACH, FL 33075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ryan Mansour <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4301 NW 76 AVE Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300123285943 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/14/08--01051--031 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300123285943 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/14/08--01051--032 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Ryan Mansour** DATE: **4/10/08** (754) 368-3724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08