

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -9 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000036167

1. Corporation Name

ARK VENTURES, INC

2. Principal Office Address

8169 Pelican Harbour Dr

Suite, Apt. #, etc.

City & State

LAKE WORTH

Zip

33467

Country

PAIM BEACH

3. Mailing Office Address

8169 Pelican Harbour Dr

Suite, Apt. #, etc.

City & State

LAKE WORTH

Zip

33467

Country

PAIM BEACH

300009991093

01/09/03--01050--014 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

4/9/01

5. FEI Number

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

GARY Lee

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

8169 Pelican Harbour Drive

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

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

GARY Lee

REGISTERED AGENT MUST SIGN

Date

1/3/02

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
PRES/SEC	GARY Lee	8169 Pelican Harbour Dr	LAKE WORTH, FL 33467

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/02
Date

954/730/7127
Daytime Phone #

CR2E081 (9/01)

**To: The Department of State
Division of Corporations**

**From: Ark Ventures Inc
Gary Lee**

RE: The reinstatement of Corporation: Ark Ventures, Inc.

TO WHOM IT MAY CONCERN;

I am apply to reinstate this corporation to an active status.

I never received the annual report to renew, it was going to the wrong address and I think it was sent back to your office.

I called and the person said I would need to send a letter and \$150 to get the corporation reinstated.

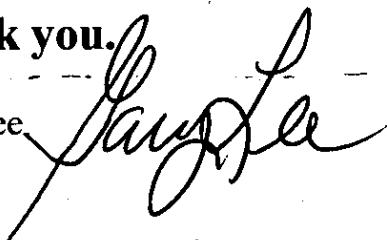
Please reinstate ARK VENTURES, INC.

My check for \$150 in enclosed, check number 1060

If you have any questions, you may reach me at my office at 954-730-7127 ext 220 or Home phone number is 561-965-3130.

Thank you.

Gary Lee



From the Desk of Gary Lee