

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -9 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

Argie I, Inc.

PO1000042685

200023826102  
10/15/03--01063--027 \*\*300.00

REINSTATEMENT 02-03

2. Principal Office Address

4513 W. Tradewinds Ave

Suite, Apt. #, etc.

3. Mailing Office Address

4513 W. Tradewinds Ave.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

Zip

33308

Country

Broward

Zip

33308

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

4-27-2001

5. FEI Number

65-1109211

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

Detlef Mandke

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

4513 W Tradewinds Ave.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State  
FL

Zip Code

33308

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

*[Signature]*

Date

10-3-03

REGISTERED AGENT MUST SIGN

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

| Titles            | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|-------------------|--------------------------------------|---|--------------------------|
| S/D<br>V/D<br>P/D | Detlef Mandke                        | 4513 W. Tradewinds Ave.                           | Ft. Lauderdale, FL 33308 |
|                   |                                      |   |                          |
|                   |                                      |   |                          |
|                   |                                      |   |                          |
|                   |                                      |   |                          |
|                   |                                      |   |                          |

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

Date

10-3-03

Daytime Phone #

854-491-1749

CR2E081 (10/02)

**ARGIE I, INC.**  
**4513 W TRADEWINDS AVENUE**  
**FT. LAUDERDALE, FLORIDA 33308**  
**954-491-1749**

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**Department of State**  
**Division of Corporations**  
**409 East Gaines Street**  
**Tallahassee, FL 32399**

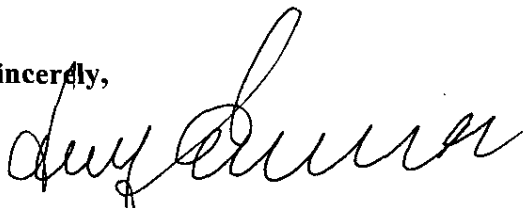
**October 2, 2003**

**This letter is a request to waive the reinstatement fees for Argie I, Inc. I did not receive any forms or letters sent by the Department of State about the annual fee. I wish to reinstate this company to an active status. I was unaware that the fees were not paid until just recently.**

**Enclosed please find \$300.00 for the years 2002 and 2003.**

**Thank you for your prompt attention to this matter. If you need to contact me call 954-491-1743.**

**Sincerely,**



**Detlef Mandke**  
**President**