

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JUN 12 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07/03/03--01044--018 \*\*900.00

02-03

DOCUMENT # P01000042693

1. Corporation Name

ARGIE III, INC.

2. Principal Office Address

4519 W. Tradewinds Ave

Suite, Apt. #, etc.

City & State

Lauderdale, Florida

Zip

33308

Country

USA

3. Mailing Office Address

2100 Ponce DeLeon Blvd.

Suite, Apt. #, etc.

Suite 600

City & State

Coral Gables, Florida

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/27/2001

5. FEI Number

20-0038142

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

Gladys Salmon

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

4519 W. Tradewinds Avenue

Suite, Apt. #, Etc.

City

Lauderdale by the Sea

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

*Gladys Salmon*

REGISTERED AGENT MUST SIGN

Date 6-11-03

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
D.P.R.	GLADYS SALMON	4519 W. Tradewinds Ave.	Lauderdale by the sea Florida 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: *Gladys Salmon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-11-03

Daytime Phone #

954-709-9976

CR2E081 (10/02)