

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 17 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000043498

1. Corporation Name

ARCO SOLUTIONS, INC

REINSTATEMENT 03

12/17/03--01004--027 **750.00

2. Principal Office Address

11257 S. ORANGE BLOSSOM TRL

Suite, Apt. #, etc.

207

City & State

ORLANDO, FLA

Zip

32837

Country

U.S

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-01-2001

5. FEI Number

59-3716724

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

JUAN C DIAZ

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

11257 S. ORANGE BLOSSOM TRL

Suite, Apt. #, Etc.

207

City

ORLANDO

State

FL

Zip Code

32837

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]

REGISTERED AGENT MUST SIGN

Date 12-12-03

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
President Director	JUAN C DIAZ	11257 S. ORANGE BLOSSOM TRL	ORLANDO, FL 32837
SECRETARY	PAUL SAROFIM	11257 S. ORANGE BLOSSOM TRL	ORLANDO, FL 32837

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

12-12-03

Date

407-240-3354

Daytime Phone #

CR2E081 (10/02)