

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -7 PM 1:30

DOCUMENT # P01000092071

1. Corporation Name

Argil Development Company

2. Principal Office Address - No P.O. Box #

942 Lands End Road

Suite, Apt. #, etc.

City & State

Point Manalapan FL

Zip

Country

33462-4729

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/01

5. FEI Number

65-1137483

☐ 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

Brendan Smith

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

942 Lands End Road

Suite, Apt. #, Etc.

City

Point Manalapan

State

FL

Zip Code

33462

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Brendan Smith

REGISTERED AGENT MUST SIGN

Date

6-27-08

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	Valeri Fournier	60 Hammarlund Way	Middletown, RI 02842

601132326846
07/07/08--01060--030 **1650.00

B 7/8/08

REINSTATEMENT 02-08

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 contained in Chapter 119, 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:

Valeri Fournier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-27-08 401-529-9923

Daytime Phone #