PLEASE READ ALL INSTRUCTIONS BEFORE 102 COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 16 AM 8:00

DOCUMENT # P04000102643

1. Corporation Name
ALTERNATIVE RESIDENTIAL COMPONENTS, INC.

REINSTATEMENT 02-04 MRS

2. Principal Office Address	**3.** Mailing Office Address
3281 Golden Gate Blvd. W.	(SAME)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	(SAME)
City & State	City & State
NAPLES, FLA.	(SAME)
Zip / Country	Zip / Country
34120 / USA	

4. Date Incorporated or Qualified To Do Business in Florida 10/23/01

5. FEI Number 223849622 ☐ 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: SAMUEL VASQUEZ JR.

400039251754
07/16/04--01043--009 **60.00

Street Address (P.O. Box Number is Not Acceptable): 3281 Golden Gate Blvd. W.

Suite, Apt. #, Etc.:

City: NAPLES | State: FL | Zip Code: 34120

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	SAMUEL VASQUEZ JR	3281 Golden Gate Blvd. W Naples, FL. 34120	NAPLES, FL., 34120
V.P.	STEFFANIE PEARCE VASQUEZ	3281 Golden Gate Blvd. W.	NAPLES, FL., 34120

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: _____ 7/14/04 239-348-0448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

792

A.R.C.Inc. CG-C057077

Alternative Residential Components
3281 Golden Gate Blvd. W.
Naples, Florida 34120

Tel. 239-348-0448

July 14, 2002

Florida Department of State
Division of Corporation

To Whom It May Concern,

Please waive all late fees for Alternative Residential Components Inc., I did not receive the Uniform business Report for the year 2002. We would greatly appreciate your attention to this matter.

Please find enclosed a check for $750.00 as per our phone conversation with your department.

Thank you,

Samuel Vasquez Jr.
President