

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -1 PM 2:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000061951

1. Corporation Name

ARKYTEK ONE, INC.

2. Principal Office Address

2241 SHERMAN CIRCLE

Suite, Apt. #, etc.

#314

City & State

MIRAMAR, FL

Zip

33169

Country

USA

3. Mailing Office Address

2241 SHERMAN CIRCLE

Suite, Apt. #, etc.

#314

City & State

MIRAMAR, FL

Zip

33169

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/02

5. FEI Number

30-0086617

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

RICHARD SMITH

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

2241 SHERMAN CIRCLE

Suite, Apt. #, Etc.

#314

City

MIRAMAR

State

FL

Zip Code

33025

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

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
P	RICHARD SMITH	2241 SHERMAN CIRCLE #314	MIRAMAR, FL 33025

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

Daytime Phone #

9/26/03 786-797-6680

CR02081 (10/02)

71 10/1

**MOYAL ACCOUNTING SERVICE
208 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33027
(954) 430-3930 PH
(954) 430-3939 FAX**

September 26, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

**Re: Annual Report for ARKYTEK ONE, INC.
Document# P02000061951**

Dear Sir or Madam:

Enclosed please find a check for the annual fee for ARKYTEK ONE, INC. for 2003. Mr. Smith is requesting your help in waiving the fees and penalties due to the fact that he never received the Uniform Business Report because he moved to another location.

Your prompt attention to this matter will be greatly appreciated.

Sincerely,

Moyal Accounting Services