

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 24 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000084145

1. Corporation Name

JOSEPH P. ARGURIO INC

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

104 Splitlog Place

Suite, Apt. #, etc.

3. Mailing Office Address

104 Splitlog Place

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

Sanford, FL

Zip

32771

Country

USA

Zip

32771

Country

USA

200152395422
04/24/09--01039--019 **758.75
REINSTATEMENT 05-09

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2002

5. FEI Number

510425736

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

JOSEPH P. ARGURIO

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

104 Splitlog Place

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

☒ 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

Joseph P. Argurio

REGISTERED AGENT MUST SIGN

Date 4/21/09

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
PVT	Joseph P. ARGURIO	104 Splitlog Place	SANFORD, FL 32771
S	Micky M. ARGURIO	104 Splitlog Place	SANFORD, FL 32771

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:

Joseph P. Argurio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/09 4073305951
Date Daytime Phone #

11/27/09