PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -8 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128174

1. Corporation Name
Arxcis, Inc.

13370 SW 131 Street
13370 SW 131 Street

REINSTATEMENT 03-04

2. Principal Office Address		**3.** Mailing Office Address	
13370 SW 131 Street		13370 SW 131 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 104		Suite 104	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33186	Miami Dade	33186	Miami Dade

4. Date Incorporated or Qualified To Do Business in Florida 12/05/2002

5. FEI Number 13-4224325 ☑ 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
Rosello, George

Street Address (P.O. Box Number is Not Acceptable)
13370 SW 131 Street

400038895384
07/08/04--01055--003 **300.00

Suite, Apt. #, Etc.
Suite 104

City	State	Zip Code
Miami	FL	33186

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 07/06/2004
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
P	Rosello, George J JR	13370 SW 131st Street	Miami, FL 33186
T	Balboa, Jorge A	13370 SW 131st Street	Miami, FL 33186
VP	Borroto, Rene	13370 SW 131st Street	Miami, FL 33186
S	Diez, Joaquin	13370 SW 131st Street	Miami, FL 33186

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: _____ 7/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #