

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 DEC 21 PM 3:24

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000002441

1. Corporation Name

Archibald Global Enterprises, Inc.

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

888 Blvd of the Arts

3. Mailing Office Address

888 Blvd of the Arts

Suite, Apt. #, etc.

#403

Suite, Apt. #, etc.

#403

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236-4828

Country

US

Zip

34236-4828

Country

US

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/03

5. FEI Number

59-3764652

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
Corporation Company of Orlando

Street Address (P.O. Box Number is Not Acceptable)
300 S. Orange Avenue

Suite, Apt. #, Etc.

Suite 1000 (JGH)

City

Orlando

State

FL

Zip Code

32801

☒ 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

Andrew M. Archibald, VP

REGISTERED AGENT MUST SIGN

Date

12-20-07

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
PST	Archibald, Andrew M.	888 Blvd of the Arts, #403	Sarasota, FL 34236-4828

REINSTATEMENT

500113253415

12/24/07--01001--018 **\$50.00

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 118, 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:

Andrew M. Archibald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-17-07

Daytime Phone #

941-739-7505