

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED P03000013468

06 JUN -5 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

182

DOCUMENT # P03000013468

1. Corporation Name

Archies Inc of Opa Locka

REINSTATEMENT 04-06

2. Principal Office Address

14511 NW 27th Ave

Suite, Apt. #, etc.

City & State

Opa Locka, FL

Zip

33054

Country

(Miami-Dade)

3. Mailing Office Address

Peter A. Foley, CPA

Suite, Apt. #, etc.

771 Highway 34

City & State

Matawan, NJ

Zip

07747

Country

Monmouth

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

2/5/03

5. FEI Number

27-0045660

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

Jennifer McGee

Street Address (P.O. Box Number is Not Acceptable)
14511 NW 27th Ave

Suite, Apt. #, Etc.

City

Opa Locka,

State
FL

Zip Code
33054

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

Jennifer J. McGee
REGISTERED AGENT MUST SIGN

Date *X April 27, 2006*

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
President	Jennifer McGee	14511 NW 27th Ave	Opa Locka, FL 33054

200076397608
06/20/06--01064--013 **450.00

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 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:

Jennifer J. McGee Jennifer L. McGee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 570-698-5591

Daytime Phone #

282

June 1, 2006

To Whom It May Concern:

I did not receive my
postcard for 2004-2006
regarding Archies Inc of Opa Locka
FEI # 27-0045660

Jennifer McGee
JENNIFER MCGEE