

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -5 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000146742**

1. Corporation Name

ARCspace Design, Inc.

2. Principal Office Address

3680 SW 176 STREET

Suite, Apt. #, etc.

City & State

OCALA

Zip

34473

Country

USA

3. Mailing Office Address

3680 SW 176 STREET

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34473

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/2003

5. FEI Number

58-2678389

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75

7. Name and Address of Current Registered Agent

Name

MARIANA COVACI

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

3680 SW 176th STREET

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34473

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

Mariana Covaci
REGISTERED AGENT MUST SIGN

Date **12/30/2006**

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
P	MARIANA COVACI	3680 SW 176 STREET	OCALA, FL 34473

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:

MARIANA COVACI

Maria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/06 (909) 472-6137

Date

Daytime Phone #

7C 01/09

pg 2 of 2

ARCspace Design, Inc.
8200 Haven Ave. Apt. 3202
Rancho Cucamonga, CA 91730
Tel. (909) 987-4067
Cell (909) 472-6137

PG 2 of 2

F.E.I. # 58-2678389

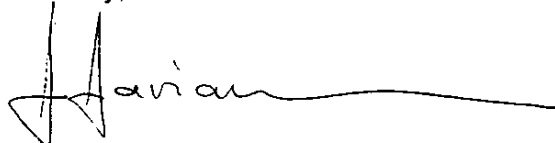
Nov. 21, 2006

Dear Service Representative,

I am writing this letter to let you know that I have never received the Annual Report at my new location, therefore I understand from my Accountant that the above Corporation is not active anymore, and that a Reinstatement Application will be required for me to bring my business up to date.

I am attaching here my Reinstatement Application and the check for the amount of the applicable fee, hoping that this will resolve my Corporation's status.

Fondly,

A handwritten signature in black ink, appearing to read 'Mariana', with a long horizontal flourish extending to the right.

Mariana Covaci
(Owner / President)