

2005 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|--|--|---|---|---|-------------------------------------|--|
| DOCUMENT # P04000068581 | | | | | | | |
| 1. Entity Name ERIK O ARENCIBIA BUILDERS INC | | | | | | | |
| Principal Place of Business 203 UTAH WAY LEHIGH ACRES, FL 33904 | | | Mailing Address 1406 SE 46TH LANE SUITE 2 CAPE CORAL, FL 33904 | | | | |
| 2. Principal Place of Business 203 Utah Way | | 3. Mailing Address 203 Utah Way | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State Lehigh Acres FL | | City & State Lehigh Acres FL | | 4. FEI Number | | | |
| Zip 33936 | Country Lee | Zip 33936 | Country Lee | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent ARENCIBIA, ERIK O 1406 SE 46TH LANE SUITE #2 CAPE CORAL, FL 33905 | | | 7. Name and Address of New Registered Agent Name: Erik O. Arencibia Street Address (P.O. Box Number is Not Acceptable): 203 Utah Way City: Lehigh Acres FL Zip Code: 33936 | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Erik O. Arencibia</i> - Vice President DATE: October 6, 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE P | NAME ARENCIBIA, ERIK O | | <input type="checkbox"/> Delete | TITLE P | NAME Arencibia, Erik O | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 203 UTAH WAY | CITY-ST-ZIP LEHIGH ACRES, FL 33904 | | | STREET ADDRESS 203 Utah Way | CITY-ST-ZIP Lehigh Acres FL 33936 | | |
| TITLE VP | NAME ARENCIBIA, MARIA R | | <input type="checkbox"/> Delete | TITLE VP | NAME Arencibia, Maria R | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 203 UTAH WAY | CITY-ST-ZIP LEHIGH ACRES, FL 33904 | | | STREET ADDRESS 203 Utah Way | CITY-ST-ZIP Lehigh Acres FL 33936 | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | | STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | | STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | | STREET ADDRESS | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <i>Maria R Arencibia</i> | | | Vice President | | | Date: Oct. 6 2005 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | | <small>Daytime Phone #</small> 7037 | |

FILED
05 OCT 17 AM 10:16
TALLAHASSEE, FLORIDA



10062005 REIN-P CR2E098 (6/04)

4. FEI Number ☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name: Erik O. Arencibia
 Street Address (P.O. Box Number is Not Acceptable):
 203 Utah Way
 City: Lehigh Acres FL Zip Code: 33936

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Erik O. Arencibia* - Vice President DATE: October 6, 2005
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---------------------------------------|---|--|
| TITLE P | NAME Arencibia, Erik O | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 203 Utah Way | CITY-ST-ZIP Lehigh Acres FL 33936 | |
| TITLE VP | NAME Arencibia, Maria R | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 203 Utah Way | CITY-ST-ZIP Lehigh Acres FL 33936 | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria R Arencibia* Vice President Date: Oct. 6 2005 239-425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7037