

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 11 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500131186105
06/11/08--01028--011 **450.00

Handwritten signature and initials

REINSTATEMENT

DOCUMENT # P05000112072

1. Corporation Name

ARRIGUI DIAZ INVESTMENT, CORP

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

630 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

Zip

33068

Country

US

3. Mailing Office Address

630 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

Zip

33068

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/2005

5. FEI Number
20-3297255

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

CECILIA ARRIGUI CHAVEZ

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

630 SOUTH STATE ROAD 7

Suite, Apt. #, Etc.

City

MARGATE, FLORIDA

State

FL

Zip Code

33068

☒ 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

Handwritten signature

Date

Handwritten date 06/06/08

REGISTERED AGENT MUST SIGN

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	CECILIA ARRIGUI CHAVEZ	630 SOUTH STATE ROAD 7	MARGATE, FLORIDA, 33068

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: *Handwritten signature*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten date 06-6-08

Date

954-978-6249

Daytime Phone #