

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO0000070425

1. Corporation Name

AGUSTIN AND ARCIA, INC

WI-28514

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

5825 LAKE LIZZIE DR.

3. Mailing Office Address

5825 LAKE LIZZIE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

City & State

ST. CLOUD

Zip

34771

Country

USA

Zip

34771

Country

USA

7. Name and Address of Current Registered Agent

Name

VALDEARRAMA PARTNERS, LLC

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

1876 PROVIDENCE BLVD

Suite, Apt. #, Etc

SUITE A

City

DELYONA

State

FL

Zip Code

32721

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

[Signature]

Date 6-10-10

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	ANTANACIO ANDARCIA	5825 LAKE LIZZIE DR.	ST. CLOUD, FL 34771

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-10

Date

Daytime Phone #

10 JUL -1 AM 9:32

200182063402
07/01/10--01036--022 **600.00

200182063402
06/14/10--01081--011 **450.00

REINSTATEMENT 08-1D

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-41895119

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status