

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 24 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0600084691

1. Corporation Name

Arco8 Angles, Inc.
1888 Old Daytona Rd.
DeLand, FL 32724

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

1888 Old Daytona Rd

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32724

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Margaret Renee Gibson

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

1055 East Wisconsin St.

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32724

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

M. Renee Gibson

REGISTERED AGENT MUST SIGN

Date 10-23-08

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	Margaret Renee Gibson	1055 East Wisconsin	DeLand, FL 32724
	<i>JM 10/24</i>		

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:

M. Renee Gibson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-08

Date

386-387-3839

Daytime Phone #

800137263618
10/24/08--01041--005 **300.00

REINSTATEMENT

07-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-22-2006

5. FEI Number

20-5214264

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.