

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000076031

Entity Name: ARNICHE, INC.

**FILED**  
**Mar 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

814 LIBERTY AVENUE  
MOUNT DORA, FL 32757 US

**New Principal Place of Business:**

**Current Mailing Address:**

814 LIBERTY AVENUE  
MOUNT DORA, FL 32757 US

**New Mailing Address:**

FEI Number: 26-0466936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIVENS, ELIZABETH  
814 LIBERTY AVENUE  
MOUNT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

REVELL, ELIZABETH M  
814 LIBERTY AVENUE  
MOUNT DORA, FL 32757 US

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.

SIGNATURE: ELIZABETH M. REVELL

03/21/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: REVELL, ELIZABETH M  
Address: 814 LIBERTY AVENUE  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: V  
Name: REVELL, JAMES  
Address: 814 LIBERTY AVENUE  
City-St-Zip: MOUNT DORA, FL 32757 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH M. REVELL

PSTD

03/21/2010

Electronic Signature of Signing Officer or Director

Date