

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2024 OCT 23 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500438464225
10/23/24--01021--014 **730.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **Pa1 0000 66391**

1. Corporation Name

ARFEN INC

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

11834 HIGHLAND PLACE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

3. Mailing Office Address

106 BLACKSTONE CT

Suite, Apt. #, etc.

City & State

BRENTWOOD, TN

Zip

37027

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/2021

5. FEI Number

87-1799758

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 **INNA ERLIKH**

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

3800 S OCEAN DR STE 216

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33019

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 **10/15/24**

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	AIDAR VAFIN	106 BLACKSTONE CT	BRENTWOOD, TN 37027

10. E-mail Address: **vafin.inc@gmail.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten Signature: Aidar Vafin]

10/10/2024

7864523720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **T. WILSON** Phone #

OCT 22 2024