

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 20 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000003340**

1. Corporation Name
Arma Production Co., Inc.

314 Washington Avenue

2. Principal Office Address
314 Washington Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Homestead, FL

City & State

Zip
33030

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1079463

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-04

7. Name and Address of Current Registered Agent

Name
James Riegler

Street Address (P.O. Box Number is Not Acceptable)
9002 Southwest 152nd Street

Suite, Apt. #, Etc.

City
Miami,

State
FL Zip Code
33157

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 **5/17/04**

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/D	Armando Gallegos	314 Washington Avenue	Homestead, FL-33030

200036932542
05/19/04--01054 015 **1058.75

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 under section 119.07(3)(i), 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
ARMANDO GALLEGOS

Date **5/17/04**

Daytime Phone #

CFR2E081 (01/04)