

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 19 PM 12:22

DOCUMENT # P93000063880

1. Corporation Name

ARMBRUSTER PROPERTIES, INC.

W08-21733

500129801115

05/19/08--01022--015 **450.00

CR2E081 (12/07)

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

600 NW 11th Ave

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33486

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1987?

5. FEI Number

65-0439174

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

DIANE M. ARMBRUSTER

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

600 NW 11th Ave

Suite, Apt. #, Etc.

~~Box 1 Boca Raton, FL~~

City

Boca Raton

State

FL

Zip Code

33486

☒ 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.

#450.00

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

Diane M. Armbuster

Date

4/23/08

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	Diane Armbuster	600 NW 11th Ave	Boca Raton, FL 33486
T	Frank LaFemina	600 NW 11th Ave	Boca Raton, FL 33486

REINSTATEMENT

06-08

500129801115
05/19/08--01022--016 **8.75

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 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:

Diane M. Armbuster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/08

Daytime Phone #

561-750-2008