

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 26 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031899

1. Corporation Name

Argusa Holding Corp.

W05000008673

2. Principal Office Address

720 Roy Wall Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockledge, FL

City & State

Zip

32955

Country

USA

Zip

Country

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

4/27/1994

5. FEI Number

06-1740912

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

Boaz Bar-navon

600047931906

03/08/05--01030--003 **1208.75

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

1062 Jan's Place

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

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

REGISTERED AGENT MUST SIGN

Date

2/10/05

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
PDS	Elias F. Bouco	720 Roy Wall Blvd.	Rockledge, FL 32955
DVT	Carlos I. Bouco	720 Roy Wall Blvd.	Rockledge, FL 32955
DV	Anna P. Bouco	720 Roy Wall Blvd.	Rockledge, FL 32955
DS	Maria D. Bouco	720 Roy Wall Blvd.	Rockledge, FL 32955
V	Boaz Bar-navon	720 Roy Wall Blvd.	Rockledge, FL 32955

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:

Boaz Bar-navon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/05

Daytime Phone #

321-403-3991