

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 21 AM 8:53

ALLA DISSE, FLORIDA

DOCUMENT # P94000046690

1. Corporation Name

ARMELLE OF SOUTH FLORIDA, INC.

2. Principal Office Address

17666 S.W. 6TH COURT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

Country

33029

3. Mailing Office Address

17666 S.W. 6TH COURT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

Country

33029

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1994

5. FEI Number

65-0499960

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

ARMANDO O. RUIZ, JR

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

17666 S.W. 6TH COURT

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

2/4/2005

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, T, D	ARMANDO O. RUIZ, JR	17666 S.W. 6TH COURT	PEMBROKE PINES, FL 33029
V, S, D	MICHELLE RUIZ	17666 S.W. 6TH COURT	PEMBROKE PINES, FL 33029

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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:

ARMANDO O. RUIZ, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/04/2005 954-436-7096

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JOSE M. REIGOSA
ACCOUNTING, BUSINESS & TAX CONSULTING
15476 N.W. 77TH COURT PMB #253
MIAMI LAKES, FL 33016
TELEPHONE: (305) 794-2277
FAX: (305) 821-6027
E-MAIL: CPALLL.COM
E-MAIL: JMRIEIGOSA@HOTMAIL.COM

February 11, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Armelle of South Florida, Inc.

To Whom It May Concern:

Enclosed please find form CR2E081 Corporation Reinstatement application for the above referenced entity.

Also, enclosed please find check #3440, dated February 4, 2005, in the amount of \$2,258.75 that covers the following:

- Reinstatement fee of \$600.00,
- Delinquent annual report fees for the year's 1995 through 2004 (10 years) \$1,500.00,
- Current year 2005 annual report fee \$150.00, and
- Certificate of Status fee \$8.75.

Your prompt and courteous attention to this matter would be greatly appreciated.

Sincerely,


Jose M. Reigosa

cc: Armando Ruiz Jr.