

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -5 AM 9:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000071252

1. Corporation Name

Arco Globus Management, Inc.

2. Principal Office Address

1998 Overseas Hwy

Suite, Apt. #, etc.

Unit 44-A

City & State

Marathon, FL

Zip

33050 USA

3. Mailing Office Address

1998 Overseas Hwy

Suite, Apt. #, etc.

Unit 44-A

City & State

Marathon, FL

Zip

33050 USA

4. Date Incorporated or Qualified To Do Business in Florida

9/28/94

5. FEI Number

65-052-3317

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

Thomas D. WRIGHT, CHARTERED

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

9711 Overseas Highway

500004719406--0

Suite, Apt. #, Etc.

#5

12/11/01 01004-020

****150.00 ****150.00

City

Marathon

State

FL

Zip Code

33050

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



Thomas D. WRIGHT Date 10/26/01

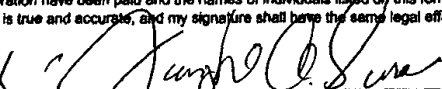
REGISTERED AGENT MUST SIGN

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
DPT	Abe Citron	1998 Overseas Hwy #44-A	Marathon FL 33050
DVS	Joseph Sora	1263 Marlina Dr.	Marathon FL 33050

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/01

Date

305-743-8118

Daytime Phone #

2at

LAW OFFICES OF
THOMAS D. WRIGHT
CHARTERED

9711 OVERSEAS HIGHWAY, SUITE 5
POST OFFICE BOX 500309

MARATHON, FLORIDA 33050-0309

THOMAS D. WRIGHT
BOARD CERTIFIED REAL ESTATE LAWYER

TELEPHONE
(305) 743-8118
FAX
(305) 743-8198

October 26, 2001

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

Re: ARCO GLOBUS MANAGEMENT, INC.

Dear Sir or Madam,

Enclosed please find a copy of the page I printed from your web site on Arco Globus. The mailing address is incorrect, therefore they did not get their annual report. Please accept the reinstatement application and the annual report fee of \$150.00 included.

Please do not hesitate to call if there are any questions or problems.

Thank you in advance,



Lorie Gallo
Legal Assistant to Thomas D. Wright

/lg
Enclosures