PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -4 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083963

1. Corporation Name
ARTHUR M. BARBEITO & ASSOCIATES, INC

REINSTATEMENT 98-04

2. Principal Office Address	3. Mailing Office Address
15390 SW 23 ST	15390 SW 23 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33184 Country: USA	Zip: 33184 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11-17-1994

5. FEI Number: 650537055 ☐ 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: ARTURO M. BARBEITO
Street Address (P.O. Box Number is Not Acceptable): 15390 SW 23 ST
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33184

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 11-3-04

CR2E081 (01/04)

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	ARTURO M. BARBEITO	15390 SW 23 ST	MIAMI, FL 33184

600004217486
11/04/04--01034--023 **1050.00

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: ARTURO M. BARBEITO 11-3-04 305-669-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ARTHUR M. BARBETTO & ASSOCIATES, INC

NAVAL ARCHITECTS / YACHT DESIGNERS

November 3, 2004

Department of State
Division of Corporations

To whom it may concern:

This letter is to request that the penalty fee be waived. We feel that the fee should be waived due to the fact that we never received the 1998 annual report. After that we never received any other notices and it when unnoticed until our accountant pointed it out.

Your help in this matter will be greatly appreciated

Sincerely,

Arturo M. Barbetto
President

4967 SW 74 CT, MIAMI FL 33155 PH: 305-669-3211 FAX: 305-669-3228