

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. BARBITO & ASSOCIATES, INC

2. Principal Office Address

15390 SW 23 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33184

Country

USA

3. Mailing Office Address

15390 SW 23 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

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

REINSTATEMENT 98-04

7. Name and Address of Current Registered Agent

Name

ARTURO M. BARBITO

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

Date **11-3-04**

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

600042474866
11/04/04--01034--023 **1050.00

Barbito

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. BARBITO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-04

Date

305-669-3211

Daytime Phone #

CR2E081 (01/04)

ARTHUR M. BARBEITO & ASSOCIATES, INC

NAVAL ARCHITECTS / YACHT DESIGNERS

November 3, 2004

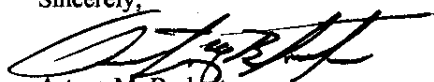
Department of State
Division of Corporations

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. Barbeito
President