

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 SEP -7 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P95000015182

1. Corporation Name

AROCOMM Corp.

2. Principal Office Address

11865 SW 26th Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33175

Country

DADE

3. Mailing Office Address

1141 SW 84th

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33144

Country

DADE

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650323480

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

CARMEN AROCHA

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

1141 SW 84th

Suite, Apt. #, Etc.

City

MIAMI

200003391588

09/13/00

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State

FL

Zip Code

33144

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

Carmen Arocha

REGISTERED AGENT MUST SIGN

Date

9-06-00

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
<u>President</u>	<u>Miguel A Bulnes</u>	<u>1923 NW 25th</u>	<u>MIAMI FL 33125</u>
<u>Vice President</u>	<u>Pedro M. Arocha</u>	<u>1141 SW 84th</u>	<u>MIAMI FL 33144</u>
<u>Secretary</u>	<u>CARMEN AROCHA</u>	<u>1141 SW 84th</u>	<u>MIAMI FL 33144</u>

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:

Carmen Arocha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-06-00 (305) 5526890

Daytime Phone #

**KE**