

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
99 JUL 22 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000045478**

1. Corporation Name

**ARC EN CIEL OF BOCA RATON INC.**

Principal Place of Business

Mailing Address

**650 OCEAN DR.**

**650 OCEAN DR.**

**MIAMI BEACH, FL 33139**

**MIAMI BEACH, FL 33139**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT 97-99**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida  
**06/13/95**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
**65-0577560**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSD	ARRIGHI CATHERINE	650 OCEAN DR.	MIAMI BEACH, FL 33139
VTD	MATRAS JEAN-PAUL	650 OCEAN DR.	MIAMI BEACH, FL33139

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-08/10/99--01077--005  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BARTHE FREDERIC M**  
**888 SE 3RD AVENUE**  
**SUITE 400**  
**FORT LAUDERDALE, FL 33316**

Name  
**PATRICK VIVIES**  
Street Address (P.O. Box Number is Not Acceptable)  
**700 E. DANIA BEACH BLVD.**  
Suite, Apt. #, Etc.  
**202**  
City  
**DANIA**  
State  
**FL**  
Zip Code  
**33004**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **07/13/1999**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-19-99 302 524 77 012**  
Date Daytime Phone #

CR2E001 (12-98)