

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:18

DOCUMENT # P95000058434

1. Corporation Name

ARCWERKS DESIGN, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400008837654
11/06/02--01137--015 **150.00

Principal Place of Business

Mailing Address

~~36 SEVILLA AVE~~
~~CORAL GABLES FL 33134~~
US

~~36 SEVILLA AVE~~
~~CORAL GABLES FL 33134~~
US

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

2. New Principal Office Address, If Applicable

~~2385 S.W. 22ND TERRACE~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~2385 S.W. 22ND TERRACE~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1995

5. FEI Number

65-0677949

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DONOVAN, MARK C	36 SEVILLA AVE 2385 S.W. 22ND TERRACE	CORAL GABLES FL 33134 MIAMI, FL 33145
VD	CONDE, RAUL JOSE	36 SEVILLA AVE 2385 S.W. 22ND TERRACE	CORAL GABLES FL 33134 MIAMI, FL 33145

8. Name and Address of Current Registered Agent

DONOVAN, MARK C

~~36 SEVILLA AVE~~
~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name

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

~~2385 S.W. 22ND TERRACE~~

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 (305) 856-3484

Arcwerks Design, Inc.
Architecture & Interiors
2385 S.W. 22nd Terrace
Miami, FL 33145
Tel 305 856-3484
Fax 305 856-2123
www.arcwerksdesign.com

AA0002766

November 4, 2002

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

Re: Arcwerks Design, Inc.
Document # P95000058434
2002 Uniform Business Report

Arcwerks

Dear Sir or Madam:

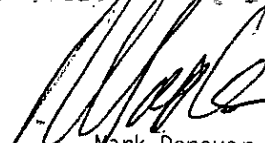
I respectfully request that the \$600.00 Reinstatement Fee be in waived for Arcwerks Design, Inc. since we did not receive any of the UBR notices for the year 2002. At our prior address we had increasingly serious problems with our mail being misdirected and/or taken from our mail box. Since we recently relocated to our current address, we have been receiving our mail normally and received the Notice of Administrative Dissolution and were alarmed to say the least.

Enclosed you will find the completed Application for Reinstatement and our check for the normal filing fee of \$150.00. I hope that you will find this satisfactory and waive the \$600.00 Reinstatement Fee.

Thank you for your help with this matter.

Sincerely,

For Arcwerks Design, Inc.



Mark Donovan
President