

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV -1 PM 3:23

DOCUMENT # P96000014447

1. Corporation Name

A.R.M.M., INCORPORATED

Principal Place of Business

3004 NW 28TH TERRACE  
OAKLAND PARK FL 33311

Mailing Address

3004 NW 28TH TERRACE  
OAKLAND PARK FL 33311



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

2. New Principal Office Address, If Applicable  
2881 El Rancho

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
2881 El Rancho

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/1996

5. FEI Number

65-0646390

Applied For

Not Applicable

City & State  
Margate FL

City & State  
Margate, FL

Zip  
33063

Country  
USA

Zip  
33063

Country  
USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LUPU, DONALD	3004 NW 28TH TERRACE	OAKLAND PARK FL 33311
		2881 El Rancho	Margate, FL 33063
			800004635198--6 -11/27/01--01048--018 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SHOEMAKER, RICHARD L CPA  
612 NE 26 ST.  
WILTON MANORS FL 33305

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Richard L Shoemaker

REGISTERED AGENT MUST SIGN

Date 10-17-01

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 and Typed or Printed Name of Signing Officer or Director  
Donald Lupo

pres

954.484.8110

Date Daytime Phone #

2 of 2

A.R.M.M., Inc.  
2881 El Rancho  
Margate, FL 33063

October 17, 2001

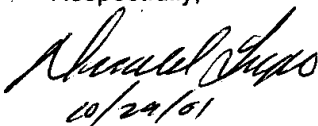
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Document P96000014447/2001

Dear Sir or Madam,

Enclosed please find a check in the amount of \$150.00 for the Annual report 2001. We respectfully request the penalties be abated due to a change in location and problems with mail being forwarded to our new location. Had the original form been received by us it surely would have been filed in a timely manner. With the help of my Certified Public Accountant I can assure you that this will never happen again.

Respectfully,



20/24/01  
Donald Lupo  
President