

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P 96000022900**

1. Corporation Name

*Abrasive Restoration of Orlando, Inc.*

2. Principal Office Address

**1442 Bahia Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

**1442 Bahia Ave**

Suite, Apt. #, etc.

City & State

**Orlando 71**

City & State

**Orlando, 71**

Zip **32807**

Country

Zip **32807**

Country

7. Name and Address of Current Registered Agent

Name

*Charique Arguedos*

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

*1442 Bahia Ave.*

Suite, Apt. #, Etc.

City

*Orlando*

State

**FL**

Zip Code

**32807**

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

*Charique Arguedos*

Date

**9-15-03**

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
<b>P</b>	<b>Ivan Arguedos</b>	<b>1442 Bahia Ave Orlando 71 32807</b>	<b>Orlando 71 32807</b>
<b>V</b>	<b>Charique Arguedos</b>	<b>1442 Bahia Ave</b>	<b>Orlando 71 32807</b>

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:

*Charique Arguedos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-15-03 (80)  
249-7757**

Date

Daytime Phone #