

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 30 PM 2:31

DOCUMENT # P97000050372

1. Corporation Name

A.R.K.O. INDUSTRIES, INC.

2. Principal Office Address

20423 STATE ROAD 7

Suite, Apt. #, etc.

F6-254

City & State

BOCA RATON FLORIDA

Zip

33498

Country

PALM BEACH

3. Mailing Office Address

20423 STATE ROAD 7

Suite, Apt. #, etc.

F6-254

City & State

BOCA RATON FLORIDA

Zip

33498

Country

PALM BEACH

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-11/01/01--01055--002

***1208.75 ***1208.75

REINSTATEMENT 98-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 6, 1997 **SP**

5. FEI Number

65-0761127

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

MARIA J. VILA

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

20423 STATE ROAD 7

Suite, Apt. #, Etc.

F6-254

City

BOCA RATON

State

FL

Zip Code

33498

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

REGISTERED AGENT MUST SIGN

Date 10/26/01

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
PRES	MARIA J. VILA	20423 STATE ROAD 7	BOCA RATON FL 33498
V.P.	MARIA J. VILA	SAME	SAME
SEC	MARIA J. VILA	SAME	SAME
TREAS	MARIA J. VILA	SAME	SAME
DIR.	MARIA J. VILA	SAME	SAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/01

Date

954-629-5052

Daytime Phone #

CR2E081 (9/00)