

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine A. ...  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 DEC 21 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** PA70000097011

**1. Corporation Name**

Arrowhead Consultants, Inc.

**2. Principal Office Address**

9540 NW 10th St.

Suite, Apt. #, etc.

**City & State**

Plantation FL

**Zip**

33322

**Country**

BROWARD

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

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

12/1/98

**5. FEI Number**

650795406

**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**

Tim Ruggiero

800004764298

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

600 N Pine Island Rd

-01/10/02--01/01/00

\*\*\*\*150.00 \*\*\*\*150.00

**Suite, Apt. #, Etc.**

STE 450

LS

**City**

Ft. Lauderdale

**State**  
FL

**Zip Code**

33327

**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**

Tim Ruggiero

**REGISTERED AGENT MUST SIGN**

**Date** 12/17/01

**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
P	Tim Ruggiero	9540 NW 10th St	Plantation, FL 33322

**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:**

Tim Ruggiero

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

12/17/01

**Date**

954-717-1995

**Daytime Phone #**

CR2001 (8/00)

202

**Arrowhead Consultants, Inc.**  
**9540 NW 10th St.**  
**Plantation, Florida 33322**

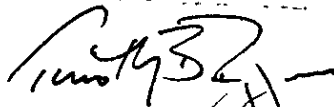
Florida Dept. of State  
Division of Corporations  
Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314

December 17, 2001

Gentlemen;

It has come to our attention that your records do not reflect our change in address. We have not received any correspondence from your office since the 2000 fiscal year. Your office was contacted today. I was directed to remit a payment for \$150.00 along with a corporate reinstatement form. Please note the change in address on line 2 of the corporate reinstatement form.

Sincerely,



Timothy B. Ruggiero  
President  
Arrowhead Consultants, Inc.