

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000034445

1. Corporation Name

ARG Holdings, Inc.

2. Principal Office Address

6311 Burts Road

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33619

Country

USA

3. Mailing Office Address

1 Kensington Manor

Suite, Apt. #, etc.

City & State

Middletown, NY

Zip

10941

Country

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1998

5. FEI Number

593504479

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

Mark F. Mooney

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

1211 W. Fletcher Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

600024330106

11/03/03--01105--004 **150.00

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

Mark F. Mooney

REGISTERED AGENT MUST SIGN

Date 10-23-03

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
DP	Stanley T. Kolan	1 Kensington Manor	Middletown, NY 10941
DST	Matthew A. Kolan	1 Kensington Manor	Middletown, NY 10941

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:

Matthew A. Kolan

Matthew A. Kolan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03

Date

(845) 692-9008

Daytime Phone #

CR2E081 (10/02)