

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000084605

1. Corporation Name

ARFEL INTERNATIONAL INVESTMENTS, INC.

Principal Place of Business

4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228

Mailing Address

4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228

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

2. New Principal Office Address, If Applicable
1780 PHILLIPPI SHORES WAY

Suite, Apt. #, etc.

City & State
SARASOTA, FLA.

Zip
34231

Country
USA

3. New Mailing Office Address, If Applicable
1780 PHILLIPPI SHORES WAY

Suite, Apt. #, etc.

City & State
SARASOTA, FLA.

Zip
34231

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1998

5. FEI Number

65-0867324

Applied For

Not Applicable

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/C	FELIX, RAFAEL A	4134 GULF OF MEXICO DRIVE, SUITE 1780 PHILLIPPI SHORES WAY	LONGBOAT KEY FL 34228 SARASOTA, FL. 34231
			000003043360--1 -11/12/99--01113--024 ****750.00 ****750.00
			10/12/99

8. Name and Address of Current Registered Agent

FELIX, RAFAEL A
4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228

9. Name and Address of New Registered Agent

Name
RAFAEL A. FELIX
Street Address (P.O. Box Number is Not Acceptable)
1780 PHILLIPPI SHORES WAY
Suite, Apt. #, Etc.

City
SARASOTA

State
FL

Zip Code
34231

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

REGISTERED AGENT MUST SIGN

Date OCT 13, 1999

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

Date

Daytime Phone #

10/13/99 (941) 922-6100

CR20040 (8/99)