

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 17 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000105263

1. Corporation Name

ARP & ASSOCIATES, INC.

500086471955
1/30/07--01005--008 **450.00

2. Principal Office Address

5230 S. STATE RD 7

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FLA. 33314

City & State

FT. LAUDERDALE, FLA. 33314

Zip

Country

33314 USA

Zip

Country

33314 USA

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

65-0883232

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

James Arpin

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

7181 N.W. 32 STREET

Suite, Apt. #, Etc.

City

MARGATO

State

FL

Zip Code

33063

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

James Arpin
REGISTERED AGENT MUST SIGN

Date 1-10-07

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
PSD	James Arpin	7181 N.W. 32 ST.	MARGATO, FL 33063
VTD	Teresa Arpin	7181 N.W. 32 ST.	MARGATO, FL 33063

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 contained in Chapter 119, 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:

James P Arpin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07 (954) 462-0364

Date

Daytime Phone #

Jim's Auto Parts

5230 South State Road 7
Fort Lauderdale FL, 33314

While trying to change my phone service to Bell South, they let me know that my status was inactive due to non-payment. I don't remember receiving any notice concerning this, but I need to reinstate. I just contacted you and was told to send in the reinstatement form along with a check for \$450.00.

If you need further information call me at (954)462-0364.

Thank You



Jim Arpin

Phone: (954) 792-0380 Fax(954) 792-0385