

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000016959**

1. Corporation Name

A&G MULTI SERVICES, INC.

Principal Place of Business

Mailing Address

~~15870 NW 10TH STREET~~
~~PEMBROKE PINES FL 33028~~

~~15870 NW 10TH STREET~~
~~PEMBROKE PINES FL 33028~~

10021 Pines Boulevard #201
Pembroke Pines, FL 33024

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

10021 PINES BLVD
201

10021 PINES BLVD
201

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

Zip
33024

Country
USA

Zip
33024

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1999

5. FEI Number

65-0898969

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ARVELO, LIDIA	15870 NW 10TH STREET 10021 Pines Boulevard #201	PEMBROKE PINES FL 33028 33024
D	GONZALEZ, JAQUELINE	15870 NW 10TH STREET	PEMBROKE PINES FL 33028
			600004536766--5 -08/15/01--01077--006 ****900.00 ****900.00
			REINSTATEMENT 2008-01

8. Name and Address of Current Registered Agent

ARVELO, LIDIA
15870 NW 10TH STREET
PEMBROKE PINES FL 33028

9. Name and Address of New Registered Agent

Name

ARVELO, LYDIA

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/20/01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (8/00)