

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 MAY -6 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

THE ARK PLACE

899000023176

100005575001--1

-05/20/02--01063--028

\*\*\*\*458.75 \*\*\*\*458.75

2. Principal Office Address

8150 SW 8th St.

3. Mailing Office Address

8150 SW 8th St.

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

Dade

Zip

33144

Country

Dade

4. Date Incorporated or Qualified  
To Do Business In Florida

04-09

5. FEI Number

65-0918297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

Yamilet Hidalgo

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

1190 SW 78th Pl.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

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

Date 5-1-02

REGISTERED AGENT MUST SIGN

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	Yamilet Hidalgo	1190 SW 78th Pl.	MIAMI, FL 33144
S	LIANA Hidalgo	1190 SW 78th Pl.	MIAMI, FL 33144

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yamilet Hidalgo

Date

5-1-02 - 305-265-0251

Daytime Phone #

CR2E081 (8/01)

THE ARK PLACE  
8150 S W 8<sup>TH</sup> ST.  
SUITE 104  
MIAMI, FL. 33144

MAY 1, 2002

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL. 32314

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DEAR KATHERINE HARRIS, SECRETARY OF STATE:

I AM SORRY THAT OUR CORPORATION IS INACTIVE AT THIS POINT. WE NEVER RECEIVED ANY PREVIOUS NOTICES OF THE UNIFORM BUSINESS REPORT. OUR ACCOUNTANT DISAPPEAR SINCE LAST APRIL. WE HAVE LEFT MANY MESSAGES AND HE NEVER CALLED US BACK. I SPOKE TO AN EXAMINER AND HE SAID WE DIDN'T PAY 2000, 2001 AND 2002. AND THAT THE AMOUNT WE OWE YOU IS \$450.00. I AM ASKING TO PLEASE WAIVE THE PENALTY FOR OUR CORPORATION SINCE WE NEVER RECEIVED ANY PREVIOUS NOTICES AND WERE NEVER ADVICE CORRECTLY. WE ARE TRYING VERY HARD TO MAKE THIS SMALL BUSINESS GOING. IT HAS BEEN VERY HARD TIMES AND WE ARE HOPPING YOU WILL HELP US.

WE ARE INCLUDING A CHECK FOR THE AMOUNT OF \$458.75. THIS INCLUDE \$450.00 + \$8.75 (CERTIFICATE OF STATUS).

SINCERELY YOURS



YAMILET HIDALGO  
PRESIDENT