

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001 Uniform  
Business Report

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

DOCUMENT # P99000056536

1. Corporation Name Arcade Construction Inc.  
3074 Kings Lake Blvd  
Naples, FL 34112

2. Principal Office Address  
3074 Kings Lake Blvd  
Suite, Apt. #, etc.

3. Mailing Office Address  
Suite, Apt. #, etc.

City & State  
Naples, FL

City & State

Zip  
34112

Country  
Collier

Zip  
Country

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-12/11/01--01009--020  
\*\*\*\*150.00 \*\*\*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida 6/1/99

5. FEI Number  
65-0933032

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  
Adrian D. Calin

Street Address (P.O. Box Number is Not Acceptable)  
3074 Kings Lake Blvd

Suite, Apt. #, Etc.

City  
Naples

State  
FL

Zip Code  
34112

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 [Signature]

REGISTERED AGENT MUST SIGN

Date 11/7/01

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
<u>P</u>	<u>Adrian D. Calin</u>	<u>3074 Kings Lake Blvd</u>	<u>Naples, FL 34112</u>

T. LEWIS DEC 10 2001

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]

SIGNATURE AND ZIP CODE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/7/01

Daytime Phone # 941 591-4747