

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 26 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000059277**

1. Corporation Name

ARC SYSTEMS, INC.

2. Principal Office Address

1750 UNIVERSITY DRIVE

Suite, Apt. #, etc.

105

City & State

CORAL SPRINGS, FL

Zip

33071

Country

BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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******935.00 ****900.00**

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/99

5. FEI Number

65-0932002

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

RONALD V. SCOPPETTONE

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

6562 NW 72ND PLACE

Suite, Apt. #, Etc.

City

PARKLAND, FL.

State

FL

Zip Code

33067

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

REGISTERED AGENT MUST SIGN

Date **3/22/01**

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
PRES.	RONALD V. SCOPPETTONE	6562 NW 72ND PLACE PARKLAND, FL. 33067	PARKLAND, FL. 33067

REINSTATEMENT

20-01

T. LEWIS MAR 26 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD V. SCOPPETTONE

Date

3/22/01

Daytime Phone #

954-575-2959

CR2E081 (9/00)