

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 10 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000073192

1. Corporation Name

ARRIVE DERCI, INC.

2. Principal Office Address

3311 N. OCEAN BWD.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

Zip

33308

Country

3. Mailing Office Address

3311 N. OCEAN BWD.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

Zip

33308

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0943862

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

CLAUDIO BETTOZZI

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

3311 N. OCEAN BWD.

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code
33308

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

Claudio Bettorzi

Date

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
Pres. D.	CLAUDIO BETTOZZI	3311 N. OCEAN BWD.	FORT LAUDERDALE FL 33308
			201.25 - AR
			10.00 - AR ART
			88.75 - AR supp
			8.75 - Cert

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:

Claudio Bettorzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/2002

Date

(904) 563-1349

Daytime Phone #