

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAR 12 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000100555

1. Corporation Name

ARCO GENERAL SERVICES, INC.

Principal Place of Business

Mailing Address

2690 DREW STREET NO. 106
CLEARWATER FL 33759

2690 DREW STREET NO. 106
CLEARWATER FL 33759



REINSTATEMENT

00-0

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3610033

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	CORRALES, LUIS	2690 DREW STREET NO. 106	CLEARWATER FL 33759
VPD	CORRALES, LUIS	2690 DREW STREET NO. 106	CLEARWATER FL 33759
			800003851338--0 -03/13/01--01115--001 ***900.00 ***900.00
			LS

8. Name and Address of Current Registered Agent

NAVARRO, ALICIA
3121 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Sandra Arias
Street Address (P.O. Box Number is Not Acceptable)
2690 Drew street
Suite, Apt. #, Etc. 106
City Clearwater
State FL Zip Code 33759

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

Sandra Arias
REGISTERED AGENT MUST SIGN

Date 03/06/01

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:

Luis Corrales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/01
Date

(727) 725-5136
Daytime Phone #

CR2E040 (8/00)