


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 10 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V25683

1. Corporation Name ARGABRIGHT INC.

AB

REINSTATEMENT 96-07
WOP

2. Principal Office Address - No P.O. Box # <u>15200 S. TAMiami TRl</u>		3. Mailing Office Address <u>15200 S. TAMiami TRl</u>	
Suite, Apt. #, etc. <u>Suite 103</u>		Suite, Apt. #, etc. <u>suite 103</u>	
City & State <u>FORT MYERS, FL</u>		City & State <u>FORT MYERS, FL</u>	
Zip <u>33908</u>	Country <u>US</u>	Zip <u>33908</u>	Country <u>US</u>

4. Date Incorporated or Qualified To Do Business in Florida 03/30-1992

5. FEI Number 650323293

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Brent ARGABRIGHT

Street Address (P.O. Box Number is Not Acceptable)
24311 Red Robin DR

Suite, Apt. #, Etc.

City Bonita Spgs State FL Zip Code 34135

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Brent Argabright Date 12-3-07

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
PSD	Brent S. Argabright	24311 Red Robin Dr., Bonita Spgs	Bonita Spgs, FL 34135
VT	John Argabright	1235 Flint Run Rd	Waterford, Oh, 45786

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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 contained in Chapter 119, 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: Brent Argabright Brent S. Argabright 12-3-07

239-489-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

X 12419