

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FILED**  
97 DEC 22 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # *✓ 71721*

1. Corporation Name

ARGUELLES AND ARGUELLES, INC.

Mailing Address

Principal Place of Business

9455 S.W. 78th Street  
Miami, FL 33173

9455 S.W. 78th Street  
Miami, FL 33173

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable

*N/A*

3. New Principal Office Address, If Applicable

*N/A*

4. Date Incorporated or Qualified To Do Business in Florida

10/12/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FFI Number

65-0377795

Applied For  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Daniel Arguelles, Jr.	9455 S.W. 78th Street	Miami, Florida 33173

200002383822--8  
-12/26/97--01103--016  
\*\*\*1410.00 \*\*\*1410.00

8. Name and Address of Current Registered Agent

Linda Arguelles  
9455 S.W. 78th Street  
Miami, Florida 33173

9. Name and Address of New Registered Agent

Name  
**SKRID**  
Street Address (P.O. Box Number is Not Acceptable)  
201 Alhambra Circle  
Suite, Apt. #, Etc.  
Suite 1102  
City  
Coral Gables  
State  
**FL**  
Zip Code  
33134

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.

BY: *Oscar Rivera*, VICE PRESIDENT  
SIGNATURE OF REGISTERED AGENT  
REGISTERED AGENT MUST SIGN

Date: 12/18/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Daniel Arguelles, Jr.* Daniel Arguelles, Jr., PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/97 (305) 595-4577  
Date Daytime Phone #

CP2E040 (5/94)