

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 11:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F00000006705**

1. Corporation Name

ARUVIL INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

185 MADISON AVE., SUITE 1600
 NEW YORK NY 10016

185 MADISON AVE., SUITE 1600
 NEW YORK NY 10016



REINSTATEMENT 03

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

12/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-2950070

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	KULKARNI, VILAS	185 MADISON AVE., SUITE 1600	NEW YORK NY 10016
V	JENKINS, RUSSELL	185 MADISON AVE., SUITE 1600	NEW YORK NY 10016
M	SANJEEV PARAB	185 MADISON AVE SUITE 1600	NEW YORK NY 10016

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RHOADES, JENNIFER
 C/O ARUVIL INTERNATIONAL INC
 1009 N. SHANNON AVE
 PLANT CITY FL 33566

Name **GRAY, WARREN**
 Street Address (P.O. Box Number is Not Acceptable)
1009 N. Shannon Ave
 Suite, Apt. #, Etc.
 City **Plant City** State **FL** Zip Code **33566**

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date

11/17/03

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/03

812-447-5020