

FILED 102

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F960000004168

1. Corporation Name  
ARISE VIRTUAL SOLUTIONS INC.

**REINSTATEMENT 07 RES**

2. Principal Office Address - No P.O. Box #  
3450 LAKESIDE DRIVE  
Suite, Apt. #, etc. Suite 620  
City & State MIRAMAR FL  
Zip 33027 Country U.S.A.

3. Mailing Office Address  
City & State  
Zip Country

CR2E061 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 12/11/96

5. FEI Number 98-0151557 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name C.T. CORPORATION SYSTEM  
Street Address (P.O. Box Number is Not Applicable) 1200 SOUTH RIVE ISLAND ROAD  
Suite, Apt. #, Etc. Suite 250  
City PLANTATION State FL Zip Code 32824

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 607.0609 or 617.0503, F.S.  
Signature of Registered Agent Barbara A. Burke REGISTERED AGENT MUST SIGN  
Barbara A. Burke 9-27-07  
Special Assistant Secretary

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	ANGELA SELDON	3450 LAKESIDE DR. 620	MIRAMAR FL 33027
CFO	DAVID BLACK	3450 LAKESIDE DR. 620	MIRAMAR, FL 33027
D	MANOH TRAIKONDAR	55 EAST 59TH ST. 22 <sup>ND</sup> FLOOR	NEW YORK, NY 10022
D	MICHAEL CLOWE	55 EAST 59TH ST. 22 <sup>ND</sup> FLOOR	NEW YORK, NY 10022
D	MARY ROBIN	55 EAST 59TH ST 22 <sup>ND</sup> FLOOR	NEW YORK, NY 10022
C	JOHN TRANI	55 EAST 59TH ST 22 <sup>ND</sup> FLOOR	NEW YORK, NY 10022

10. I certify that I am an officer or director or the receiver of 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 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 110, F.S. The information indicated on this application is true and accurate, and my signature(s) have the same legal effect as if made under oath.

SIGNATURE: DAVID BLACK, CEO 9/25/07 9543462610  
SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FL030 - 01/97 CT (Rev. 04/06)

207

Florida Department of State  
Division of Corporations  
Public Access System

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CORPORATION REINSTATEMENT

ARISE VIRTUAL SOLUTIONS INC.

Certificate of Status	1
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Page Count	02
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