

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 10 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H21511

1. Corporation Name

ARUBA ALOE OF AMERICA, INC.

2. Principal Office Address

501 E. Kennedy Blvd.

Suite, Apt. #, etc.
#1400

City & State

Tampa, FL

Zip
33602

Country
USA

3. Mailing Office Address

P.O. Box 3324

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip
33601

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09-18-84

5. FEI Number

59-2447412

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lucius M. Dyal, Jr.

Street Address (P.O. Box Number is Not Acceptable)

501 E. Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 1400

City

Tampa

State
FL

Zip Code
33602

600003217696-2

04/20/00-01982-013

***2011.25 ***2011.25

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

Lucius M. Dyal, Jr.
REGISTERED AGENT MUST SIGN

Date *March 27, 2000*

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
P/D	LOUIS A. POSNER	L.A.N.V., LG Smith Blvd. 128	Oranjestad, Aruba
S/D	OMAR VAN DER DIJS	Dokweg, z/n	Curacao Netherlands Antilles
D	WILLIAM VAN RANISHAST	L.A.N.V., LG. Smith Blvd. 128	Oranjestad, Aruba

REINSTATEMENT 91-001 TS

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 2000

Date

Daytime Phone #