

L08000068511

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10 OCT -1 PM 2:02

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CR2E041 (05/10)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000068511

1. Limited Liability Company's Name

ARAVA INTERNET SERVICES LLC

2. Principal Office Address - No P.O. Box #

4144 SW 97 CT

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33165

Country

USA

3. Mailing Office Address

P.O. BOX 460244

Suite, Apt. #, etc.

City & State

Ft. LAUDERDALE FL

Zip

33346

Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MICHAEL MEJIAS

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

4144 SW 97 CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 9-29-10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LESTER MORENO	4144 SW 97 CT	MIAMI FL 33165
MGR	MICHAEL MEJIAS	4144 SW 97 CT	Miami FL 33165

REINSTATEMENT 2009-2010

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager

Date 9-29-10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager