

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 2007 8:00 A.M.
Secretary of State

DOCUMENT # **PO2000072990**

1. Corporation Name

Aroma Investments, Inc.

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

9840 SW 32 Street

Suite, Apt. #, etc.

3. Mailing Office Address

9840 SW 32 Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33105

Country

USA

Zip

33105

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

07/03/02

5. FEI Number

20-0200845

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

Jeffrey Cohen Esq.

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

297 Sunny Isles Blvd.

Suite, Apt. #, Etc.

City

Isles Beach

State

FL

Zip Code

33160

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent:

REGISTERED AGENT MUST SIGN

Date:

4/4/07

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
<input type="checkbox"/>	Maria Hernandez	9840 SW 32 Street	Miami, FL 33105

200097223052
04/17/07--01040--015 **1358.75

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 contained in Chapter 119, 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

4/4/07
Date

(781) 412-1477
Daytime Phone #

4/10/07