

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000071260

1. Corporation Name

ARS PROPERTIES, INC.

2. Principal Office Address - No P.O. Box #
241 SEVILLA AVE.

3. Mailing Office Address

Sage

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State

Zip
33134

Country
USA

Zip

Country

REINSTATEMENT

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

04-30-2004

5. FEI Number
13-4293597

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
TENAZAS, MARISSA L

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

Suite, Apt. #, Etc.

City
CORAL GABLES

State
FL

Zip Code
33134

☐ 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

5/25/2007

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
VP	JORDAN, BRUCE A.	241 SEVILLA AVE.	CORAL GABLES, FL 33134
P/S	ABU-GHAZALEH, MOHAMMAD	241 SEVILLA AVE.	CORAL GABLES, FL 33134

700104434747
~~06/15/07 01059 012 **900.00~~

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:

M. W. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTORNEY-IN-FACT

5/25/2007
Date

Daytime Phone #