1 of 2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 SEP 15 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000093183

1. Corporation Name
ARIA DISTRIBUTIONSAND SERVICES, Corp

REINSTATEMENT 06-07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8842 W FLAGLER ST	8842 W FLAGLER ST
Suite, Apt. #, etc. # 101	Suite, Apt. #, etc. #101
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33174 Country DADE	Zip 33174 Country DADE

4. Date Incorporated or Qualified To Do Business In Florida 7/13/2006

5. FEI Number 26-3340878 ☐ 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: JOSE CARLOS AZEVEDO

Street Address (P.O. Box Number is Not Acceptable): 8842 W FLAGLER ST

Suite, Apt. #, Etc.: #101

City: MIAMI, FL State: FL Zip Code: 33174

☒ 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 _____ Date _____
REGISTERED AGENT MUST SIGN

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	JOSE CARLOS AZEVEDO	8842W FLAGLER ST #101	MIAMI FL 33174

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 Date Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305)406-3800
Fax Number : (305)406-3999

CORPORATION REINSTATEMENT

ARPA DISTRIBUTIONS AND SERVICES CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	[redacted]

$300.00

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