

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN 4 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD7000031979**

1. Corporation Name

ARIAL PALM PROPERTIES, INC.

700164067317
12/30/09--01042--012 **450.00

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

2150 SANS SOUCI BLVD

Suite, Apt. #, etc.

APT 706

City & State

NORTH MIAMI FL

Zip

33181

Country

USA

3. Mailing Office Address

14100 N.E. 1.AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33161

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 8, 2007

5. FEI Number

#80-0157929

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 08-10

7. Name and Address of Current Registered Agent

Name

DORA B. WHITE

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

2150 SANS SOUCI BLVD

Suite, Apt. #, Etc.

APT 706

City

NORTH MIAMI

State

FL

Zip Code

33181

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

Dora B. White

Date **12/22/09**

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
PRES. DIR.	MARTIN ARIAL	8 RUE DES ROSEAUX	ST-BASILE LE GRAND P.Q. CANADA J3N-1S9
DIR.	GINA GRANDILLO	5759 MARIE-VICTORIN	BROSSARD, QUEBEC CANADA J4W 1A3

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:

Martin Arial
MARTIN ARIAL
PRESIDENT AND DIRECTOR

12/23/09

Date

450-653-4427

Daytime Phone #