

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -2 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000041428

1. Corporation Name
AREPAS, INC.

Principal Place of Business Mailing Address
19499 N.E. 10 AVE #205
MIAMI BEACH, 33179

REINSTATEMENT 99-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
3. New Mailing Office Address, if Applicable
Suits, Apt. #, etc. Suits, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
MAY 22, 1995
5. FEI Number
65-0590701
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.A.	SABIE BURROUGHS	1342 N.W. 172 TERRACE	MIAMI, FLA. 33169
VP	SAVUS KEFALIAS	19499 N.E. 10 AVE #205	MIAMI BEACH, FL 33179

8. Name and Address of Current Registered Agent
SAVUS KEFALIAS
19499 N.E. 10 AVE #205
MIAMI BEACH, FL 33179

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suits, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: [Signature] Date: 11/2/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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 under section 119.07(2)(i), 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] 11/2/99 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850)922-4004

From: Account Name : KENNETH W. MCCOY, P.A.
Account Number : I19990000061
Phone : (305)362-1841
Fax Number : (305)362-0432

CORPORATION REINSTATEMENT

AREPAS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,058.75