

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
FILED

**CORPORATION  
REINSTATEMENT**



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

00 APR 26 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA8000065894

1. Corporation Name

ARKE INTERNATIONAL, INC.

2. Principal Office Address

21413 NE 18 Place

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

Country

33179

U.S.A.

3. Mailing Office Address

2221 NE 164<sup>Street</sup>

Suite, Apt. #, etc.

Suite 359

City & State

Miami, FL

Zip

Country

33160

U.S.A.

**REINSTATEMENT** 09-00

4. Date Incorporated or Qualified  
To Do Business in Florida

7/28/1998

5. FEI Number

65-0852175

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

ALAN TEMPKINS

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

200 St. Biscayne Blvd

Suite, Apt. #, Etc.

2350

City

Miami GABLES

600003245316-3

-05/09/00--01115-001

\*\*\*\*750.00 \*\*\*\*750.00

600003245316-3

-05/09/00--01115-002

\*\*\*\*150.00 \*\*\*\*150.00

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/24/00

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/D	Sean KERTESZ	21413 NE 18 PLACE	MIAMI, FL 33179
V	JOHN KERTESZ	21413 NE 18 PLACE	MIAMI, FL 33179

**KE**

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 under section 119.07(3)(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] SEAN KERTESZ

Date

4/24/00

Daytime Phone #

3059371189

CR2E081 (9/99)