

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000160001

1. Entity Name  
A & R.COM HOME INVESTMENT INC



FILED

07 FEB 15 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7601 E TREASURE DRIVE  
PH115  
NORTH BAY VILLAGE, FL 33141

Mailing Address  
7601 E TREASURE DRIVE  
PH115  
NORTH BAY VILLAGE, FL 33141

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1478798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAKASH, YENIV  
7601 E. TREASURE DRIVE  
PH115  
NORTH BAY VILLAGE, FL 33141

Name **Yaniv Nakash**

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

200088709562  
02/19/07--01006--034 \*\*900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete  
NAME NAKASH, YENIV  
STREET ADDRESS 7601 E. TREASURE DRIVE, PH 115  
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE ☒ Change ☐ Addition  
NAME Nakash, Yaniv  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME ASSULIN, ILAN  
STREET ADDRESS 7601 E. TREASURE DRIVE #823  
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel FEB 16 2007

2/12/07 (786) 256-0436