

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000103144

1. Corporation Name

ARACOW HOLDINGS INC

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

11767 S. DIXIE HWY

3. Mailing Office Address

11767 S. DIXIE HWY

Suite, Apt. #, etc.

#408

Suite, Apt. #, etc.

#408

City & State

PINECREST, FL

City & State

PINECREST, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 9/24/2002

5. FEI Number

22-3873452

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

MARTTI KALKAS

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

245 SE 1ST STREET

Suite, Apt. #, Etc.

SUITE 225

City

MIAMI

State

FL

Zip Code

33131

☒ 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 11/05/2008

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	RENATO FERREIRA	11767 S. DIXIE HWY	PINECREST, FL 33156

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

11/05/08

Date

Daytime Phone #

FILED

08 NOV 10 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400137782834
11/10/08--01031--018 **450.00

REINSTATEMENT 06-08

CR2E081 (10/08)

11/12/08