

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL -1 AM 9:31

**DOCUMENT # 181198**

**1. Corporation Name**

ARAMATIC REFRESHMENT SERVICES OF SOUTHEASTERN  
FLORIDA, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Office Address**

595 SW 13th Terrace

Suite, Apt. #, etc.

Suite C

City & State

Pompano Beach, FL

Zip

33069

Country

USA

**3. Mailing Office Address**

c/o Michael Gehm  
6838 Ellicott Drive

Suite, Apt. #, etc.

City & State

East Syracuse, NY

Zip

13057

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/7/54

**5. FEI Number**

59-0859830

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

Arthur J. Darrow

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

5585 Lakeshore Village Circle

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33463

**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 6/28/03

**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	Arthur J. Darrow	5585 Lakeshore Village Circle	Lake Worth, FL 33463
S/T	Michael Gehm	c/o Aramatic Refreshment Services, Inc. 6838 Ellicott Drive	East Syracuse, NY 13057

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Arthur J. Darrow, President

6/28/03

Date

(954) 788-2633

Daytime Phone #

CR2E081 (10/02)

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**MELVIN & MELVIN, PLLC**  
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SUSAN E. OTTO  
HOLLY SALOP WALLACE

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JOHN J. FALGE  
ROBERT G. SMITH  
SHEILA M. FINN  
ELIZABETH A. GENUNG

\* ALSO ADMITTED IN FLORIDA  
† ALSO ADMITTED IN NORTH CAROLINA

June 30, 2003

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Aramatic Refreshment Services of Southeastern  
Florida, Inc. - Corporation Reinstatement

Gentlemen:

We are attorneys for Aramatic Refreshment Services of  
Southeastern Florida, Inc.

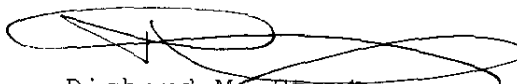
Enclosed is Corporation Reinstatement Application, together with  
our firm check in the amount of \$308.75 representing reinstatement fee  
(inasmuch as the annual report forms were returned as undeliverable)  
and cost of a Certificate of Status. Also enclosed is a self-  
addressed federal express envelope for the return of the Certificate  
of Status to us at your earliest convenience.

If there are any questions or problems, please call the  
undersigned.

Thank you.

Very truly yours,

MELVIN & MELVIN, PLLC

  
Richard M. Storto

RMS/nam  
Enc.

cc: Aramatic Refreshment Services  
of Southeastern Florida, Inc.