

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV 12 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 381445

1. Corporation Name

A.R.L., INC.

Principal Place of Business

9400 S DADELAND BLVD PENTHOUSE I
MIAMI FL 33156

Mailing Address

9400 S DADELAND BLVD PENTHOUSE I
MIAMI FL 33156

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

2. New Principal Office Address, If Applicable

15105 N.W. 77TH AVE
3RD FLOOR
MIAMI LAKES FL
33014 DADE

3. New Mailing Office Address, If Applicable

15105 N.W. 77TH AVE
3RD FLOOR
MIAMI LAKES, FL
33014 DADE

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1971

5. FEI Number

59-1325715

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
PD	LEVINE, ARTHUR R	10171 SW 102ND AVE	MIAMI FL
S	LEVINE, DIANE C	10171 SW 102ND AVE	MIAMI FL

900002007859--9

-11/19/96--01081--006

***383.75 ***383.75

8. Name and Address of Current Registered Agent

LEVINE, ARTHUR
10171 SW 102ND AVE
MIAMI FL

9. Name and Address of New Registered Agent

Name

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

Suite, 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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/6/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/96

Date

Daytime Phone #