

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY -6 AM 8:00

DOCUMENT # 459179

1. Corporation Name

ARITA B. INC.

**REINSTATEMENT 97-04**

2. Principal Office Address

44 ALGONGUINET

Suite, Apt. #, etc.

City & State

MARCO ISLAND FL

Zip

3445

Country

COLLIER

3. Mailing Office Address

P.O. Box 984

Suite, Apt. #, etc.

City & State

MARCO ISLAND FLORIDA

Zip

3446

Country

COLLIER

600033564946

04/22/04--01051--027 \*\*1650.00

MRD

4. Date Incorporated or Qualified To Do Business in Florida

08/06/1974

5. FEI Number

59-1549074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BONSALL ARIJA 44 ALGONGUINET MARCO ISL. FL. 3445

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

44 ALGONGUINET COURT

Suite, Apt. #, Etc.

600033564946

05/06/04--01072--021 \*\*150.00

City

MARCO ISLAND

State  
FL

Zip Code

3445

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

*Arija Bousall*

REGISTERED AGENT MUST SIGN

Date

4-19-2004

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
PD	BONSALL, ARIJA	44 ALGONGUINET	MARCO ISL. FL. 3445
ST	BONSALL, CHARLES J.	44 ALGONGUINET	MARCO ISL. FL. 3445
D	BONSALL, CHARLES E.	1201 JAMAICA ROAD	MARCO ISL. FL. 3445

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:

*Arija Bousall* ARIJA BONSALL 4-19-04 239-389-0282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)