

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 27 PM 7:54

DOCUMENT # **469076**

1. Corporation Name

ARROYO INVESTMENTS, INC.

Principal Place of Business

1121 CRANDON BLVD.
 STE E-402
 KEY BISCAYNE FL 33149

Mailing Address

1121 CRANDON BLVD.
 STE. E-402
 KEY BISCAYNE FL 33149



REINSTATEMENT 99

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/06/1975

5. FEI Number

59-1657838

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BOUSHEHRI, MEHDI	1121 CRANDON BLVD.E-402	KEY BISCAYNE FL 33149
VSTD	PORCHER, JACQUELINE	1121 CRANDON BLVD.E-402	KEY BISCAYNE FL 33149
			800003035308--2 -11704799--01073--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ROHAN, LAURENCE J.
 6101 S.W. 76TH STREET
 S. MIAMI FL 33143

9. Name and Address of New Registered Agent

Name **ERWIN, CHESTER D.**
 Street Address (P.O. Box Number is Not Acceptable)
405 WESTCHESTER DRIVE
 Suite, Apt. #, Etc.
 City **DELAND** State **FL** Zip Code **32724**

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

Chester D. Erwin
 REGISTERED AGENT MUST SIGN

Date

10/21/99

11. 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.

JACQUELINE PORCHER

SIGNATURE:

Jacqueline Porcher
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/99
 Date

1-305-361-5657
 Daytime Phone #

CR20240 (8/99)