

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02



800008974498
11/14/02--01001--016 **758.75

DOCUMENT # **478717**

1. Corporation Name

ARLES, INC.

Principal Place of Business

Mailing Address

1150 WEST 68TH ST.
HIALEAH FL 33014-5153

1150 WEST 68TH ST.
HIALEAH FL 33014-5153

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

06/13/1975

5. FEI Number

59-1604289

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
D	SHAPIRO, DOROTHY	1150 WEST 68TH ST	HIALEAH, FL 00000
DP	SHARPIRO, ARTHUR H	1150 WEST 68TH ST	HIALEAH, FL 00000
DT	SHAPIRO, LESTER R	1150 WEST 68TH ST	HIALEAH, FL 00000
V	SHAPIRO, LESTER R	1150 WEST 68TH ST	HIALEAH, FL 00000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, LOUIS C
224 COMMERCIAL BLVD., STE 317
LDERDALE BY-THE-SEA FL 33308

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Louis C Anderson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-23-2002

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.

SIGNATURE:

Louis C Anderson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-23-02
Daytime Phone # 871-2333