

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 NOV -3 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 524048**

**1. Corporation Name**

ARALEA FARMS, INC.

**2. Principal Office Address**

2280 SW 154th Ave

**3. Mailing Office Address**

2280 SW 154th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

Davie, Florida

Zip

33326

Country

Zip

33326

Country

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

1/19/1977

**5. FEI Number**

59-2131514

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

Harry Venis

500003480885--2

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

2455 E. Sunrise Blvd.

11/30/00 01023-010

\*\*\*750.00 \*\*\*750.00

Suite, Apt. #, Etc.

Penthouse North

City

Fort Lauderdale

State

FL

Zip Code

33304

**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

REGISTERED AGENT MUST SIGN

Date 10/31/2000

**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
D	Harry Venis	2455 E. Sunrise Blvd.	Fort Lauderdale, FL 33304
PST	Carol Greenspan	2280 SW 154th Ave.	Davie, FL 33326

REINSTATEMENT 001 TS

**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:**

Harry Venis

10/31/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED81 (9/99)