

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 19 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736915

1. Corporation Name

ARETE, INC

400012779264
02/19/03--01020--007 **306.25

REINSTATEMENT 02-03

2. Principal Office Address

13717 N. 42ND ST

Suite, Apt. #, etc.

#9

City & State

Tampa, FL

Zip

33613

Country

USA

3. Mailing Office Address

13717 N. 42ND ST

Suite, Apt. #, etc.

#9

City & State

Tampa, FL

Zip

33613

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/76

5. FEI Number

59-2232461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DICKEY P. DAVIS

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

10513 LAKE WILLIAMS DRIVE

Suite, Apt. #, Etc.

City

ODESSA

State
FL

Zip Code

33556-2415

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

Dickey P. Davis

REGISTERED AGENT MUST SIGN

Date 12 FEB 2003

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
PO	DICKEY P. DAVIS	10513 LAKE WILLIAMS DR	ODESSA, FL 33556
TD	HUEY FLOYD	8209 VALLEJO PLACE	TAMPA, FL 33614
FD	TAL BROWN	1014 CORAL STREET	TAMPA, FL 33602
CD	THOMAS OVERMAN	19802 BEER HOLLOW LAKE	LOFT, FL 33548
SD	DAVID MINCEBURG	13717 N. 42ND ST	TAMPA, FL 33613

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:

Dickey P. Davis DICKEY P. DAVIS

Date

12 FEB 2003 (813) 920-

Daytime Phone #

6363