

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 838882

1. Corporation Name

A.R.E.A., Inc. dba DHC International, Inc.

2. Principal Office Address

505 Hazel Ct.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32804

Country
USA

3. Mailing Office Address

505 Hazel Ct.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32804

Country
USA

FILED

06 MAR 30 AM 10:55

TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 1977

5. EEL Number
59-1739264

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
Cheryl Crandall

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

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32804

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

Cheryl Crandall
REGISTERED AGENT MUST SIGN

Date 3/29/06

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
P/S/D	Cheryl Crandall	505 Hazel Ct.	Orlando, FL 32804
V	Ben Crandall	505 Hazel Ct.	Orlando, FL 32804
V	Kelly Crandall	408 57th St., #9-0	NY, NY 10019
			500070456235
			04/14/06--01041--007 **450.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Crandall Cheryl Crandall 3/29/06

Date

407-230-6414

Daytime Phone #

D H C

March 29, 2006

Ref: Reinstatement Fee

To Whom It May Concern,

Please be advised that I did not receive any post card notices for 2004, 2005 or 2006 requesting payment for continued registration in Florida. I have spoken with a representative at the Division of Corporations and they have instructed me to send this letter along with the reinstatement fees of \$450. This will cover my reinstatement fees for 2004, 2005 & 2006.

Thank you,

A handwritten signature in black ink, appearing to read "Cheryl Crandall", with a stylized flourish at the end.

Cheryl Crandall
DHC International, Inc.
407-230-6414