

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F02000005303**

1. Corporation Name  
ARILAND CORP

2. Principal Office Address - No P.O. Box #  
9800 W BROADVIEW DRIVE

Suite, Apt. #, etc

City & State  
BAY HARBOR ISLAND, FL

Zip Country  
33154 USA

3. Mailing Office Address  
9800 W BROADVIEW DRIVE

Suite, Apt. #, etc

City & State  
BAY HARBOR ISLAND, FL

Zip Country  
33154 USA

300356854593  
03/23/21--01045--015 \*\*150.00  
300356854593  
12/21/20--01042--024 \*\*2285.00

CR2E091 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 10/21/2002

5. FEI Number 98-0389082  
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  
NATALIA ARIAS STORM

Street Address (P.O. Box Number is Not Acceptable)  
9800 W BROADVIEW DR

Suite Apt #, Etc

City State Zip Code  
BAY HARBOR ISLAND FL 33154

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 \_\_\_\_\_ Date 12/03/2020  
REGISTERED AGENT MUST SIGN

**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
PTD	ALVARO ARIAS	4757 N OCEAN BLVD	FORT LAUDERDALE, FL 33308
VSD	MARIA C ROZO	4757 N. OCEAN BLVD.	FORT LAUDERDALE, FL 33308
D	NATALIA ARIAS STORM	9800 W BROADVIEW DR	BAY HARBOR ISLAND, FL 33154

10 E-mail Address: NATALIASTORM3@GMAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: *Natalia Arias Storm*

12/03/2020 (305) 606-7596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #