

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 DEC 18 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003199

1. Corporation Name

A.R.B.B. Ltd., Inc.

2. Principal Office Address

290-174 St.

Suite, Apt. #, etc.

815

City & State

Sunny Isles Beach, FL

Zip

Country

3. Mailing Office Address

290-174 St

Suite, Apt. #, etc.

815

City & State

Sunny Isles Beach, FL

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

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

6/25/1966

5. FEI Number

65-0474988

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

Nadia S. Edwards, CPA

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

290-174 St

Suite, Apt. #, Etc.

815

City

Sunny Isles Beach

State

FL

Zip Code

33160

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

Nadia S. Edwards

Date 12/11/06

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
P	Assouline, Yehuda	10 Yekutiel Adam St.	Kfar Sava, Israel

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:

Yehuda Assouline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

**NADIA S. EDWARDS, CPA
290 – 174 ST. #815
Sunny Isles Beach, FL 33160**

December 11, 2006

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ref. A.R.B.B. Inc. Document # F96000003199

Dear Sir/ Madam:

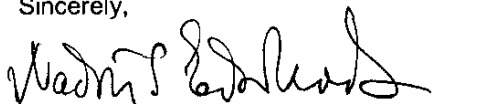
Please be advised that the annual registration notification has not been received and that we were unaware that the Company was dissolved until we saw it on-line. A change in the Suite # at the same location (Suite # 815 instead of 1510) most probably resulted in the loss of your mail to us.

→ should be

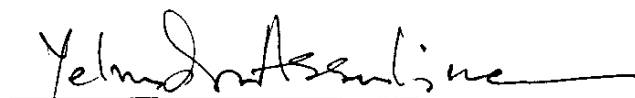
In view of the above, we respectfully ask that you waive the \$600 reinstatement fee and accept our check in the amount of \$150.00 as the full payment for re-instatement.

Thank you for giving this your prompt attention.

Sincerely,



Nadia S. Edwards, CPA



Yehuda Assouline, Pres.