

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 24 PM 5:18

DOCUMENT # F98000002397

1. Corporation Name

ARIAN IV, INC.

Principal Place of Business

Mailing Address

~~10625 FRONT BEACH RD~~  
PANAMA CITY BEACH FL 32407

~~P.O. BOX 9245~~  
PANAMA CITY BEACH FL 32417



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

13109 OLEANDER DR

3. New Mailing Office Address, If Applicable

P.O. BOX 9621

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH FL

City & State

PANAMA CITY BEACH FL

Zip  
32407

Country

BAY

Zip

32417

Country

BAY

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/1998

5. FEI Number

58-2227521

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCSD	TEHRANI, HASSAN M	<del>10625 FRONT BEACH RD</del> 13109 OLEANDER DR	PANAMA CITY BEACH FL 32407
VTD	TEHRANI, DENISE A	<del>10625 FRONT BEACH RD</del> 13109 OLEANDER DR	PANAMA CITY BEACH FL 32407

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TEHRANI, HASSAN M

~~10625 FRONT BEACH RD~~

PANAMA CITY BEACH FL 32407

Name

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

13109 OLEANDER DR

Suite, Apt. #, Etc.

City

PANAMA CITY BEACH

State

FL

Zip Code

32407

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 10-18-2000

CR2040 (8/00)

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., 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:

~~SIGNATURE REQUIRED~~  
HASSAN M. TEHRANI

Date

(850) 236-3848

Daytime Phone #

(7)

October 20, 2000

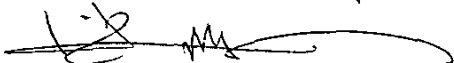
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it May Concern,

On September 1, 1999 we sold our business. Before that we made every arrangement with new owners as well as the post office for change of address on personal names and any corporate mail, such as ARIAN IV, Inc. We never did receive any notice of dissolution or Revocation on ARIAN IV, INC. until recently when the new owner hand delivered the dissolution to us.

We strongly believe that such notices have been crossed in the mail and truly has not been our negligent to file the status on time. Thank You for reviewing my application and hope that you will accept my reasoning on this matter.

Sincerely,



Hassan M. Tehrani