

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 25 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K31664**

1. Corporation Name

EDMOND ARAMOUNI INTERNATIONAL, INC.

2. Principal Office Address

2710 SW 112 AVE

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

Zip

33330

Country

USA

3. Mailing Office Address

2710 SW 112 AVE

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

Zip

33330

Country

USA

REINSTATEMENT 4-01

4. Date Incorporated or Qualified To Do Business in Florida

8/24/88

SP

5. FEI Number

65-0076619

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

EDMOND R. ARAMOUNI

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

2710 SW 112 AVE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33330

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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

Edmond R. Aramouni

REGISTERED AGENT MUST SIGN

Date JAN. 19, 2001

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
Pres.	EDMOND R. ARAMOUNI	2710 SW 112 AVE	DAVIE, FL. 33330
CFO	STANLEY PETERSON	8239 NW 17 AVE	FORT LAUD., FL. 33328
SECR.	JEFFREY GLENSON	381 Barsh Cirlee Ct.	DEERFIELD BCH., FL 33441

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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:

Edmond R. Aramouni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 19, 2001

Date

Daytime Phone #

205) 724-2488