

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

2002
APPLICATION
FOR
REINSTATEMENT
uc uBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000021065

Name and Mailing Address

0001296 01 FP 0.352 **PRST T4 0 0615 33027-401099
AREU, LLC
500 S.W. 130 TERRACE
PEMBROKE PINES FL 33027-4010

FILED
02 NOV 13 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address SAME AS above		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/06/2001	
Principal Place of Business 500 S.W. 130 TERRACE PEMBROKE PINES FL 33027	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 800022014	Applied For Not Applicable
8. Name and Address of Current Registered Agent BECHAMP, HILDA 500 S.W. 130 TERRACE PEMBROKE PINES FL 33027		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Hilda M. Bechamp</u> Date <u>11/4/02</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Hilda M. Bechamp	500 SW 130 Terr. #209 Pembroke Pines Fla 33027	
error Vice President	Louise M. Bechamp	1040 NW 70th way	Plantation, Fla 33333
		700008959237 11/13/02--01028--006 **50.00	
BRL			

CR2E084 (8/02)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Hilda M. Bechamp

Date

11/4/02

Daytime Phone #

(954) 431 5387

Typed or printed name of signing Managing Member/Manager

L01000021065²⁹³

Nov 6. 200

Attn Dept of State.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

I am notifying you
~~in writing that~~ I
did not receive the
original renewal
Statement.

Enclosed you will
find the check for
\$50⁰⁰.

Thank you,

Louise Bechay

BR