

L08000068511

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10 OCT -1 PM 2:02

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CR2E041 (05/10)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # L08000068511					
1. Limited Liability Company's Name <div style="font-size: 1.5em; font-family: cursive;">ARAVA INTERNET SERVICES LLC</div>					
2. Principal Office Address - No P.O. Box # <div style="font-size: 1.2em;">4144 SW 97 CT</div>		3. Mailing Office Address <div style="font-size: 1.2em;">P.O. BOX 460244</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <div style="font-size: 1.2em;">Miami FL</div>		City & State <div style="font-size: 1.2em;">Ft. LAUDERDALE FL</div>			
Zip <div style="font-size: 1.2em;">33165</div>	Country <div style="font-size: 1.2em;">USA</div>	Zip <div style="font-size: 1.2em;">33346</div>	Country		
4. State/Country of Formation				5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name <div style="font-size: 1.2em; font-family: cursive;">MICHAEL MEJIAS</div>					
Street Address (P.O. Box Number is Not Acceptable) <div style="font-size: 1.2em;">4144 SW 97 CT</div>					
Suite, Apt. #, Etc.					
City <div style="font-size: 1.2em;">Miami</div>		State <div style="font-size: 1.2em;">FL</div>	Zip Code <div style="font-size: 1.2em;">33165</div>		
9. 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				Date <div style="font-size: 1.2em;">9-29-10</div>	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGR	LESTER MORENO	4144 SW 97 CT	MIAMI FL 33165		
MGR	MICHAEL MEJIAS	4144 SW 97 CT	MIAMI FL 33165		
REINSTATEMENT <u>2009-2010</u>					
11. E-mail Address: _____ (To be used for future annual report notifications)					
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				Date <div style="font-size: 1.2em;">9-29-10</div> Daytime Phone # _____	
Typed or printed name of signing Managing Member/Manager _____					

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