

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY -1 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LU8653**

1. Corporation Name

ARIELLA, Inc

2. Principal Office Address

12335 River Falls Ct

Suite, Apt. #, etc.

City & State

BOCA RATON FL.

Zip
33428

Country

3. Mailing Office Address

12335 River Falls Ct

Suite, Apt. #, etc.

City & State

BOCA RATON FL.

Zip
33428

Country

PB

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650212164

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

SP

7. Name and Address of Current Registered Agent

Name

Charita Cooper President

000003245030-6

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

12335 River Falls Ct

05/09/00-01102-004

******300.00 ****300.00**

Suite, Apt. #, Etc.

BOCA RATON FL 33428

City

State

FL

Zip Code

33428

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

[Signature]
REGISTERED AGENT MUST SIGN

President

Date **4/11/00**

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	Charita Cooper	12335 River Falls Ct	BOCA RATON, FL 33428

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

~~CLARITA COOPER~~
12335 RIVER FALLS CT
BOCA RATON, FL 33428

Request taken by: sprather
03-31-2000

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

*Papers sent to wrong address
300 per sprather*