

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -2 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M24726

1. Corporation Name

ARHO INVESTMENT CORP.

Principal Place of Business

2011 S.W. 101 AVENUE
% ALL AMERICAN
MIRAMAR FL 33025

Mailing Address

2011 S.W. 101 AVENUE
% ALL AMERICAN
MIRAMAR FL 33025



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1985

5. FEI Number

59-2648105

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	ARBELAEZ, RAUL	2011 S.W. 101 AVENUE	MIRAMAR FL 33025
WPTD	ARBELAEZ, CLARA	832 S.W. 159TH TERRACE	SUNRISE FL 33326

800009295158
12/02/02--01039--011 **150.00

8. Name and Address of Current Registered Agent

~~OLIVKA, MICHAEL A~~
12955 BISCAYNE BLVD., NO. 202
NORTH MIAMI FL 33181

9. Name and Address of New Registered Agent

Name RAUL ARBALAEZ
Street Address (P.O. Box Number is Not Acceptable)
2011 SW 101 AVE
Suite, Apt. #, Etc.
City MIRAMAR, State FL Zip Code 33025

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. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~
REGISTERED AGENT MUST SIGN

Date 11-21-02

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~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 431
6077
11-21-02

CR2E040 (8/02)

Call

Division of Corporations
PO Box 6327
Tallahassee, Florida
32314-6327

re: ARHO Investments #M24726

November 8, 2002

To Whom It May Concern,

I received this in the mail this morning. We never received our annual report form.
Please accept our check for \$ 150.00 and reinstate this corporation.

Thank you,


Raul Arbelaez