

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 26 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400091013004
03/06/07--01024--019 **450.00

REINSTATEMENT 05-07
CR2E081 (1/07)

DOCUMENT # M46587
1. Corporation Name
ARMAND PROPERTIES, INC.

2. Principal Office Address - No P.O. Box # 10691 N. KENDALL DRIVE		3. Mailing Office Address 10691 N. KENDALL DRIVE	
Suite, Apt. #, etc. SUITE PH306		Suite, Apt. #, etc. SUITE PH306	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33176	Country USA	Zip 33176	Country U. S. A.

4. Date Incorporated or Qualified To Do Business in Florida 2/13/87

5. FEI Number 592766259 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
TERESA ARMAND

Street Address (P.O. Box Number is Not Acceptable)
10691 N. KENDALL DRIVE

Suite, Apt. #, Etc.
SUITE PH 306

City MIAMI State FL Zip Code 33176

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Date 2/20/07
REGISTERED AGENT MUST SIGN

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
D	ARMAND, TERESA	8005 S.W. 107 AVE #315	MIAMI, FL 33173

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 contained in Chapter 119, 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: Date 2/20/07 (305) 274-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

TC 2/27