PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

CORPORATION REINSTATEMENT FLOOD DEMPMENT OF SECTION S				SECRETARY OF STATE SECRETARY OF SECRETARY OF STATE SECRETARY OF SECRETAR	
DOCUMENT # POOCOOO 50462 1. Corporation Name ARO Development, Inc.				0000076737600 -09/12/0201001026 ****300.00 ****300.00 0000076737600 -09/12/0201001025 ******8.75 ******8.75	
2. Principal Office Address DZ8 GVI LES Rd Suite, Apt. #, etc. 3. Mailing O AM Suite, Apt. #,		<u> </u>		acceted as Qualified	
TY & State City & State City & State City & State Country Zip SSSII USA		Country	5. FEI Numbe	77-11 77 (17-2	ied For Applicable
Name And Address of Current Registered Agent Name Antonio Contriz Street Address (P.O. Box Number is Not Acceptable) 10 7 8 G VILES FOAD Suite, Apt. #, Etc.					
State Zip Code FL 33 () 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 REGISTERED AGENT MUST SIGN Date 8/29/07 REGISTERED AGENT MUST SIGN					
Names and Street Addresses of Each Officer and/or Director (Flo		Street Address of Each		City / State / Zip	
P ANTONIO R.	Officers and/or Directors		r Director	Brandon FL 33511	
P CARIOS VALENTIN		1028 Guiles Rd, Bra 1615 MAXDOLL Dr.		TAMPA 7 (33619	
IP REINALDO RIVERA		1723 JULIAN IN Dr.		TAMPA 1= L. 33619	
S ANTONIO R. ORDIZ		1028 Givines Rd		FRANDON FL33511	
T ANTONIO R.	. O restiz	1028 Qu	Les Ad	CHANDON FL	335 1
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Daytime Phone #

J.

A. R. O. DEVELOPMENT 1028 GUILES ROAD BRANDON, FLORIDA 33511 (813) 299-1230

August 29, 2002

FLORIDA DEPARTMENT OF STATE

ATTN: Division of Corporations

PO Box 6327

Tallahassee, Florida 32314

To Whom It May Concern:

- 1. I hereby request my corporation status be reinstated. According to the telephone call I made to your office, my corporation was dissolutioned because the Annual Report/Uniform Business Report was not submitted. The reason the report was not submitted was because I did not receive one. Once it was described to me, I know for a fact that I did not receive it.
- 2. Being incorporated is very critical for my business, therefore, I will submit any requirements or fees due to you. Enclosed is a check for the amount of \$300.00 to be reinstated. This is waiving the penalty fee, since I did not receive the Annual Report.
- 3. Thank you in advanced for your cooperation in this matter. I look forward to hearing from you.

Sincerely,

Antonio Rosado Ortiz

President-