


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000059150

1. Corporation Name

A/R INTERNATIONAL SUPPLIES, CORP.

Principal Place of Business

Mailing Address

**8249 N.W. 36TH STREET #104
MIAMI FL 33166**

**8249 N.W. 36TH STREET #104
MIAMI FL 33166**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33180

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/2000

5. FEI Number

65-1018802

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSTD	ARMELLA, JOHANA PIA A	8249 N.W. 36TH STREET NO. 104	MIAMI FL 33166
		20515 East Country Club DR Tower 2 # 1249	Aventura, Florida 33180

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-12/10/01--01082--008

******750.00 ****750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ARMELLA, JOHANA PIA A
8249 N.W. 36TH STREET #104
MIAMI FL 33166**

Name

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

20515 East Country Club DR

Suite, Apt. #, Etc.

Tower 2 # 1249

City

Aventura

State

Zip Code

FL

33180

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **11/20/01**

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:

ARMELLA, JOHANNA PIA A

11/20/01 (305)931-5850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)