

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Dec 03, 2003 8:00 A.M**  
**Secretary of State**

**DOCUMENT #** P01000029849

**1. Corporation Name**

ARAM J. CORP.

**2. Principal Office Address**

3500 Galt Ocean Drive

**3. Mailing Office Address**

3500 Galt Ocean Drive

Suite, Apt. #, etc.  
708

Suite, Apt. #, etc.  
708

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

Zip  
33308

Country  
USA

Zip  
33308

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 3/22/01

**5. FEI Number**  
651091689

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  
AGOP RUSTEMOGLU

Street Address (P.O. Box Number is Not Acceptable)  
3500 Galt Ocean Drive, #708

Suite, Apt. #, Etc.  
708

City  
Fort Lauderdale

State  
FL

Zip Code  
33308

**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

*A. Rustemoglu*

REGISTERED AGENT MUST SIGN

Date 12/1/03

**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	Agop Rustemoglu	3500 Galt Ocean Drive, #708	Ft. Lauderdale, FL 33308

REINSTATEMENT TS

**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:**

*A. Rustemoglu*  
Agop Rustemoglu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/03

Date

954 205-4613

Daytime Phone #

CR2E081 (10/02)

LAW OFFICES  
**ROBERT S. FORMAN, P.A.**

SUITE 4100  
2101 WEST COMMERCIAL BOULEVARD  
FORT LAUDERDALE, FLORIDA 33309

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ROBERT S. FORMAN  
MARK J. LYNN

TELEPHONE (954) 735-0000  
TELEFAX (954) 735-3636

OF COUNSEL  
VINCENT J. ALTINO, P.A.  
BERMAN & KEAN, P.A.

December 1, 2003

Department of State  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Reinstatement of ARAM J. Corp.

Gentlemen:

Enclosed please find our client's reinstatement form together with Robert S. Forman, P. A. Trust Account Check No.: 5016, payable to the Department of State, in the sum of \$150.00 representing the Uniform Business Report fee due. Our client has indicated that they never received any Uniform Business Report for the year 2003 nor any notification that their corporation had been dissolved.

We are requesting that our client's corporation be reinstated as they never received any Report or notification that they were dissolved until today (which information we provided to them).

If you have any questions, please contact our office at your earliest convenience.

Very truly yours,



JEAN SEIBOLD

/js

Encls. as stated above