

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC 26 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039786

1. Entity Name

ARACIN DOS, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1225 S.W. 87TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address  
1225 S.W. 87TH AVENUE

Suite, Apt. #, etc.

**REINSTATEMENT** 03

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number 65-1142838

Applied For  
Not Applicable

Zip  
33174

Country  
USA

Zip  
33174

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name ZOMERFELD, RAYMOND

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

999 PONCE DE LEON BLVD., STE. #1045

City CORAL GABLES

FL

Zip Code  
33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*R. Zomerfeld*

4/9/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$350.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ZOMERFELD, RAYMOND  
STREET ADDRESS 999 PONCE DE LEON BLVD., #1045  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600025760686  
12/26/03--01006--007 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

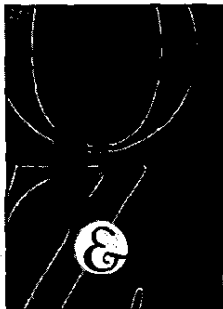
4/9/03

Date

305-444-8288

Daytime Phone #

CR2E034B (12/02)



**OCARIZ, GITLIN  
& ZOMERFELD, LLP**  
CERTIFIED PUBLIC ACCOUNTANTS

November 19, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Aracin Dos, Inc.  
EIN# 65-1142838  
Document# P01000039786

The above named taxpayer received an application for reinstatement. The taxpayer sent in the payment in the amount of \$ 150.00 along with the 2003 Uniform Business Report on April 9, 2003. The check never cleared. Apparently, your department lost both the form and check.

Enclosed please find a copy of the signed 2003 Uniform Business Report sent in by the taxpayer along with a newly reissued check for \$ 150.00.

If you have any questions please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP

Raymond J. Zomerfeld, C.P.A.  
For the firm

RJZ/an

Encl.

999 Ponce de Leon Blvd.  
Suite 1045  
Coral Gables, FL 33134  
Tel 305.444.8288  
Fax 305.444.8280

5415 Mariner Street  
Suite 215  
Tampa, FL 33609  
Tel 813.636.0609  
Fax 813.636.9223

[www.ogz-cpa.com](http://www.ogz-cpa.com)

Members of:

American Institute of  
Certified Public Accountants

Florida Institute of  
Certified Public Accountants

National Association of  
Certified Valuation Analysts

**PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY  
RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED  
ENVELOPE.**