

FILED

DEPARTMENT OF STATE
ATLANTA, FLORIDA

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

ARBOR MANAGEMENT SERVICES, INC.

W070000/699/

555 NW S RIVER DR

Same

Suite. Apt. #, etc.

MIAMI, FL

1

Zip
33136

Country
U.S.A.

33029

Country
U.S.A.

REINSTATEMENT 02-07
CR2E081 (1/07)

CR2E081 (1/07)

08/22/2001

5-SEI Number
77-0676195

Not Applicable

**\$8.75 Additional Fee required
for a Certificate of Status**

TAHIRA HOLLOWAY

Street Address (P.O. Box Number is Not Acceptable)
9351 W SAMPLE RD

Suite, Apt. #, Etc.

CITY
CORAL SPRINGS

State	Zip Code
FL	33065


☒ 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.

Signature of
Registered Agent

Salvador

Date 3/28th/2007

REGISTERED AGENT MUST SIGN

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ELLEN NEMOUR	555 NW S RIVER DR	MIAMI, FL 33136
D	FRESLET LAFRANCE	555 NW S RIVER DR	MIAMI, FL 33136
			<div data-bbox="1013 1474 1240 1486">100103045081</div> <div data-bbox="987 1486 1240 1499">05/23/07--01003--010 **650.00</div>
	<div data-bbox="466 1486 1040 1499">REINSTATEMENT <u>02-07</u></div>		<div data-bbox="1013 1486 1240 1499">100103045081</div> <div data-bbox="987 1499 1240 1512">05/23/07--01003--011 **250.00</div>

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:

Ellen Nemow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-2007

Date _____ Daytime Phone # _____