

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 24 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088736

1. Corporation Name

ARIMER ENTERPRISE, INC.

2. Principal Office Address

2553 S. SEMORAN BLVD.

Suite, Apt. #, etc.

APTO. 1938

City, State

Orlando FL

Zip

32822

Country

U.S.A.

3. Mailing Office Address

2553 S. SEMORAN BLVD.

Suite, Apt. #, etc.

APTO. 1938

City, State

Orlando, FL

Zip

32822

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT. 04, 2001

5. FEI Number

59-3744996

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

Mercedes UNGARA

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

2553 S. SEMORAN BLVD.

Suite, Apt. #, Etc.

APTO. 1938

City

Orlando

600014559916

03/24/03--01090--006 **150.00

State

FL

Zip Code

32822

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

Date 3-18-03

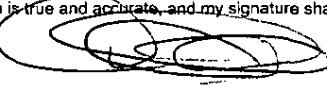
REGISTERED AGENT MUST SIGN

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
PRES.	Mercedes UNGARA	2553 S. SEMORAN BLVD. APT. 1938	Orlando, FL 32822
SECRETARY	Ariel UNGARA	2553 S. SEMORAN BLVD. APT. 1938	Orlando FL 32822
TREAS.			

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

Ariel Ungara

3/18/03

Date

407.348.4159

Daytime Phone #

282

March 18, 2003

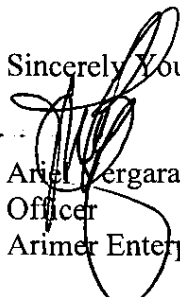
Department of State
Division of Corporations
409 East Gaines ST.
Tallahassee, FL 32399

Dear Sirs,

Through this letter I submit to you the form "**Corporation Reinstatement**" from **ARIMER ENTERPRISES, INC.** Document No. **P01000088736** filed on **09-04-01**. According with telephone conversation today March 18, 2003, with one of the specialist on the reinstatement department, the annual report form, for a year 2002, was return to me, for incomplete information in there, but I never received the form return to me, for that reason I like to ask a waiver on the penalty for non-renewal annual report form.

Please consider this circumstantial reasons as an excuse for my request. Enclose one hundred fifty (\$150.00) dollars for a corporation fees on 2003. Thank for you attention to this important matter.

Sincerely Yours


Ariel Vergara
Officer
Arimer Enterprises, Inc.