

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000003374

1. Corporation Name

ARA CONTRACTING, INC.

2. Principal Office Address

1812 Curryford Rd.

Suite, Apt. #, etc.

City & State

Orlando, FL.

Zip

32806

Country

USA.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-7-2002

5. FEI Number

94-3414539

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

Courtney P. Alonso

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

1812 Curryford Rd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32806

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

Courtney P. Alonso
REGISTERED AGENT MUST SIGN

Date

6.24.05

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	ALEXANDER R ALONSO	1812 Curryford Rd	Orlando FL 32806
V.P.	Courtney P. ALONSO	1812 Curryford Rd	Orlando FL 32806

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

Date

Daytime Phone #

FILED
06 FEB 16 PM 3:21
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-06

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