

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000025191

1. Corporation Name

Arryene, Inc.

2. Principal Office Address

8605 SW 109 Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33156

Country

Miami-Dade

3. Mailing Office Address

8605 SW 109 Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33156

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

81-0549651

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

03-04

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

Name

Esam Abu Hantash

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

8605 SW 109 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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 X

Date

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
P/O	Esam Abu Hantash	8605 SW 109 Street	Miami FL 33156

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESAM ABU HANTASH 3-27-04 305 6707416

Date

Daytime Phone #

CR2E081 (01/04)