

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -5 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

P02 000027799

Aro Construction Engineering Inc.

2. Principal Office Address

312 Boca Ciega Rd

Suite, Apt. #, etc.

3. Mailing Office Address

312 Boca Ciega Rd

Suite, Apt. #, etc.

City & State

Mascotte FL

Zip

34753

Country

US

City & State

Mascotte FL

Zip

34753

Country

US

**REINSTATEMENT**

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

MARCH 13 2002

5. FEI Number

27 001 3291

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

Arkadiusz Rafalowski

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

312 Boca Ciega Rd.

Suite, Apt. #, Etc.

City

Mascotte

State

FL

Zip Code

34753

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

Arkadiusz Rafalowski

REGISTERED AGENT MUST SIGN

Date 02/02/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles    | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|-----------|--------------------------------------|---|-----------------------|
| President | Arkadiusz Rafalowski                 | 312 Boca Ciega Rd.                                | Mascotte, FL<br>34753 |
|           |                                      |   |                       |
|           |                                      |   |                       |
|           |                                      |   |                       |
|           |                                      |   |                       |
|           |                                      |   |                       |

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:

Arkadiusz Rafalowski

02/02/04

(352) 217 7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)