

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000074375**

1. Corporation Name

ARRI, Inc.

2. Principal Office Address

11001 NW 43LN

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33178

Country

USA

3. Mailing Office Address

11001 NW 43LN

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33178

Country

USA

REINSTATEMENT

03

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

7/9/2002

5. FEI Number

61-1425-156

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Roberto ANNEAZA

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

11001 NW 43LN

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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 **10-28-2003**

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
PM	Roberto ANNEAZA	11001 NW 43LN	MIAMI FL 33178
VP	ISIDORO REGASEN	11001 NW 43LN	MIAMI FL 33178

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

Roberto ANNEAZA. 10-28-2003

Date

305 7109717

Daytime Phone #

CR2E081 (10/02)

Arri, Inc.

11001 NW 43 Ln Miami, Fl. 33178
www.Arricapitalinc.com

Tel (305) 710-9717 Fax 1-800-434-1759
E-mail arricapital@bellsouth.net

Miami October 5, 2003

Florida Department of State
Division of Corporation
Uniform Business Repot Filling

PO2000074375

Dear Sir or Madam

Enclosed I'm sending a Check for \$150.00 for payment of the annual registration, our Corporation is recently started working, although it was created in 2002, and after meeting with our CPA we noticed this payment had not been made, not to justified the act, but we did not received at any time a notice or receipt for this matter not even the second Notice, please take this in consideration, but if there is any penalty to applied let us know, to make our Corporation Active again, because it's our intention to make it Wright.

Thank for your understanding,


Roberto Arreaza
President.