

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083394

1. Corporation Name

ARUS DESIGN, INC.

Principal Place of Business

719-A NE 16 AVE
FT LAUDERDALE FL 33304

Mailing Address

719-A NE 16 AVE
FT LAUDERDALE FL 33304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2002

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	ARUS, JAIME M	719-A NE 16 AVE	FT LAUDERDALE FL 33304

300024167633
10/27/03--01066--001 **150.00

8. Name and Address of Current Registered Agent

TRANTALIS, DEAN J. ESQ.
2255 WILTON DR
WILTON MANORS FL 33305

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #: Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date OCT. 17. 2003

11. 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:

JAIME M. ARUS

OCT. 1. 2003

954.463
3216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



Florida Department of State
Justin M Shivers
Document Specialist
Division of Corporations

December 15, 2003

Re: Reinstatement of Arus Design, Inc.
Letter Number: 003A00059230

Dear Mr. Shivers,

As per your request, I am sending you back reinstatement documents for the Arus Design, Inc. papers.

I understand that receipt of this reinstates all corporation status, as per statement.

Should you have any questions, please contact me at your earliest convenience, and I will be glad to assist.

Have a happy holiday season!

Kind regards,

Sincerely,

Jaime M. Arus
Director