

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 OCT 18 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000098035**
1. Corporation Name
A+R STAIRS, INC.

2. Principal Office Address 12300 NW		3. Mailing Office Address 12300 NW	
Suite, Apt. #, etc. 30st		Suite, Apt. #, etc. 30st	
City & State SUNRISE FL		City & State SUNRISE FL	
Zip 33323	Country BROWARD	Zip 33323	Country BROWARD

REINSTATEMENT 05-08

4. Date Incorporated or Qualified To Do Business in Florida 4-10-02	
5. FEI Number 90-0068558	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name ANNE E. RAMNANAN
Street Address (P.O. Box Number is Not Acceptable) 12300 NW 30st
Suite, Apt. #, Etc. SUNRISE FL
City SUNRISE FL

State FL	Zip Code 33323
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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 **Anne Ramnanan**
REGISTERED AGENT MUST SIGN

Date **10-15-06**

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
Dst	RAIKUMARRAMNANAN	12300 NW 30st	SUNRISE FL 33323
P	ANNE RAMNANAN	12300 NW 30st	Sunrise FL 33323

10/19/06--01033--014 **908.75

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 contained in Chapter 119, 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

10-15-06 954-4019191

Date

Daytime Phone #

10/26/06