


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  
 04 FEB -2 AM 10:14  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **P02000109573**  
 1. Corporation Name  
**ARIEL CONSULTING SERVICES, INC.**

Principal Place of Business	Mailing Address
3618 S OMAR AVE TAMPA FL 33629	3618 S OMAR AVE TAMPA FL 33629



**REINSTATEMENT** 03-04

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
10/10/2002	
5. FEI Number	Applied For
<b>BL05-0555307</b>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
<b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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
PSD	SHOFI-HOLLOWELL, SYLVIA A	3618 S OMAR AVE	TAMPA FL 33629

300028014853  
 02/02/04--01058--029 \*\*300.00

8. Name and Address of Current Registered Agent

**SHOFI-HOLLOWELL, SYLVIA A**  
**3618 S OMAR AVE**  
**TAMPA FL 33629**

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: *Sylvia A. Shofi-Hollowell* Date: *1/26/04*  
 REGISTERED AGENT MUST SIGN

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: *Sylvia A. Shofi-Hollowell* Date: *1/26/04* Daytime Phone #: *813-748-4913*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SYLVIA A. SHOFI-HOLLOWELL PRES.**

CR2E040 (7/03)