

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2004 OCT -8 PM 3:58

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000134111

**1. Corporation Name**

ARARAT, INC.

1291 N STATE ROAD 7

1291 S STATE ROAD 7

**2. Principal Office Address**

1291 N STATE ROAD 7

Suite, Apt. #, etc.

**3. Mailing Office Address**

1291 S STATE ROAD 7

Suite, Apt. #, etc.

City & State

MARGATE

City & State

MARGATE

Zip

33063

Country

USA

Zip

33063

Country

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

**5. FEI Number**

54-2088303

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

PANOSYAN, SERGAY

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

18756 CASPIAN CIR

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

**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

REGISTERED AGENT MUST SIGN

Date 10/05/2004

**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
D	PANOSYAN SERGAY	18756 CASPIAN CIR	BOCA RATON, FL 33496

**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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-05-04 (954) 974-0999

Daytime Phone #

CR2081 (01/04)

2/2

# KATTOURA & ASSOCIATES, INC.

ACCOUNTING, BOOKKEEPING & TAX SERVICES

1499 West Palmetto Pk Rd  
Suite 416  
Boca Raton, FL 33486  
TEL: (561) 362-0491

P.O. Box 728  
Boca Raton, FL 33429  
FAX: (561) 394-5134

National Society of Tax Professional

October 06, 2004

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314  
Reinstatement Section

REF: ARARAT, INC.  
DOCUMENT # P0200013411

Dears Sirs,

The above referenced corporation has never received any notices before at all. We are enclosing the report and a check in the amount of \$ 150.00 and 2004. Please accept this annual report as reinstatement.

Although we would like to verify our address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further question. please do not hesitate to contact us.

Sincerely

Andre K Kattoura

Enclosure (S)

Check 895 \$ 150.00 Annual Report 2004.