

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000134111

1. Corporation Name

2006

ARARAT, INC.

2. Principal Office Address

1291 N. STATE ROAD 7

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip

33063

Country

3. Mailing Office Address

1291 N. STATE RD 7

Suite, Apt. #, etc.

City & State

MARGATE, FL

Zip

33063

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/2002

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

SERGAY, PANASYAN

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

18756 CASPIAN CIRCLE

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 04/27/2006

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	PANASYAN SERGAY	18756 Caspian Circle	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 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

04/27/2006

Date

954-9740999

Daytime Phone #

FILED

06 MAY -4 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

CR2E081 (12/05)