

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000041544

1. Entity Name
ARIVON INC.



FILED

04 NOV 12 PM 1:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**03108104 90027 031 \$150.00
10112004 REIN-P CR2E098 (6/04)**

Principal Place of Business
**C/O COAST-TO-COAST INVESTMENT GROUP, INC.
267 NORTH COLLIER BLVD #204
MARCO ISLAND, FL 34145**

Mailing Address
**C/O COAST-TO-COAST INVESTMENT GROUP, INC.
267 NORTH COLLIER BLVD #204
MARCO ISLAND, FL 34145**

2. Principal Place of Business
COAST-TO-COAST INVEST.

3. Mailing Address
COAST-TO-COAST INVEST.

Suite, Apt. #, etc.
276 BALD EAGLE DR.

Suite, Apt. #, etc.
276 BALD EAGLE DR.

City & State
MARCO ISLAND, FL

City & State
MARCO ISLAND, FL

Zip
34145

Country
USA

Zip
34145

Country
USA

4. FEI Number
57116 1077

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROLLER, PETRA
C/O COAST-TO-COAST INVESTMENT GROUP, INC.
267 NORTH COLLIER BLVD #204
MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
276 BALD EAGLE DR
City
MARCO ISLAND **FL** Zip Code
34145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **PETRA ROLLER** *[Signature]* **10-11-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN BREE, HARRY 9070 CEDAR CREEK DRIVE BONITA SPRINGS, FL 34134 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HOPSTAKEN, YVONNE 9070 Cedar Creek Drive BONITA SPRINGS FL. 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **HARRY VAN BREE**
Signature and typed or printed name of signing officer or director Date **11-26-04** Daytime Phone #



EXPERIENCE THE DIFFERENCE



Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November 8, 2004

Dear Sir, dear Madame,

Enclosed please find Reinstatement form for ARIVON INC., document # P03000041544.

I discovered by accident that this company was dissolved when I searched other companies on your website. None of the officers of this company nor I as registered agent got any notification at all that dissolution of this company was pending.

The reinstatement officer that I talked to at your department told me that the company was dissolved because of a missing FEI number which was not available at time of filing of the annual report. (copy of the annual report is attached).

Please reinstate the company and waive the reinstatement charges. We would have taken immediate action to prevent dissolution had we known about it.

Please contact Petra toll free at 877-338-4049 with any questions.

Thank you.

A handwritten signature in dark ink, appearing to read "Petra Roller".

Petra Roller