2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000041544

Entity Name: ARIVON INC

FILED Jan 10, 2006 Secretary of State

Littly Nai	HE. ARIVON INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
276 BALD	D COAST INVEST EAGLE DR SLAND, FL 34145	9070 CEDAR CREEK BONITA SPRINGS, FI		
Current M	ailing Address:	New Mailing Addres	New Mailing Address:	
276 BALD	D COAST INVEST EAGLE DR BLAND, FL 34145	9070 CEDAR CREEK BONITA SPRINGS, FI		
FEI Number:	57-1161077 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		: Name and Address o	Name and Address of New Registered Agent:	
	PETRA EAGLE DR BLAND, FL 34145 US	HOPSTAKEN, YVONI 9070 CEDAR CREEK BONITA SPRINGS, FI	DRIVE	
	named entity submits this statement for the of Florida.	he purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: Y. H. T. HOPSTAKEN			01/10/2006	
	Electronic Signature of Registered	Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation di npaign Financing Trust Fund Contribution().	d not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete VAN BREE, HARRY 9070 CEDAR CREEK DRIVE BONITA SPRINGS, FL 34135	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VT () Delete HOPSTAKEN, YVONNE 9070 CEDAR CREEK DRIVE BONITA SPRINGS, FL 34135	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. M. M. M. VAN BREE D 01/10/2006