PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILE	PH 3: 19		
DOCUMENT # P04000016441 1. Corporation Name ARIEL X CORPORATION				TÀ	SEURE BARY ILLAHASSE	OF STATE E. FLORIDA	
2. Principal Office Address - No P.O. Box # 2901 SE Pier Street	3. Mailing Office Address 2901 SE Pier Str	Pier Street		REINSTATEMENTS			
Suite, Apt. #, etc.	te, Apt. #, etc. Suite, Apt. #, etc.				orated or Qualified ness in Florida	01/23/2004	
City & State	City & State	-i- Flavida		5. FEI Numbe	r 	Applied For	
Port St. Lucie, Florida Zip Country	Port St. Lucie, Fl	Orida Coun	try	4 2/2 5 5 Additional Engagement			
34984	34984			CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name				 	_		
SPIEGEL & UTRERA, P.A.			✓ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22nd Street							
Suite, Apt. #, Etc. 4th Floor							
City Miami		State Zip Code FL 33145					
8. I, being appointed the registrated agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. SRIEGEUS UTRERAIP.A. Signature of Registered Agent By: Natalia Utrera, Vice President REGISTERED AGENT MUST SIGN							
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	
PD Dacosta, Lynval M.	2901	2901 SE Pier Street		·	Port St. Luc	ie, Florida 34984	
					400126931374 04/30/0301001020 **600.00		
					400126931374 - 04/30/08 01001 021 **10.00		
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 filling 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 Date Deytime Phone #							