


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000101962
1. Corporation Name
A.R.N. Holdings, Inc

800112599288
11/27/07--01021--002 **300.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # <u>23415 Drayton Dr</u>		3. Mailing Office Address <u>5970 SW 18th ST</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>Suite 124</u>	
City & State <u>BOCA RATON, FL</u>		City & State <u>BOCA RATON, FL</u>	
Zip <u>33433</u>	Country <u>Palm Beach</u>	Zip <u>33433</u>	Country <u>Palm Beach</u>

4. Date Incorporated or Qualified To Do Business in Florida July 6, 2004

5. FEI Number 54-2157390 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 ANDRE NEIDICH

Street Address (P.O. Box Number is Not Acceptable)
23415 Drayton Drive

Suite, Apt. #, Etc.

City BOCA RATON State FL Zip Code 33433

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.

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 [Signature] Date 11-15-07

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
Pres	ANDRE NEIDICH	23415 Drayton Dr.	BOCA RATON FL. 33433
v.p	Rebecca NEIDICH	23415 Drayton Dr	BOCA RATON FL. 33433

REINSTATEMENT 06-07

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] Date 11-15-07 Daytime Phone # 954 3042800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

A.P.N. Holdings, Inc

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature

Requested by:

wc *11/19* *11:00*
Name Date Time

Walk-In

Will Pick Up