

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR 15 PM 2:17

DOCUMENT # P05000067242

1. Corporation Name

ARISTA RESIDENTIAL IMPROVEMENTS, INC.

2. Principal Office Address - No P.O. Box #  
19370 COLLINS AVENUE

3. Mailing Office Address  
19370 COLLINS AVENUE

Suite, Apt. #, etc.  
SUITE 1110

Suite, Apt. #, etc.  
SUITE 1110

City & State  
SUNNY ISLES BEACH, FL.

City & State  
SUNNY ISLES BEACH, FL.

Zip Country  
33160

Zip Country  
33160

4. Date Incorporated or Qualified To Do Business in Florida 05/06/2005

5. FEI Number  
56-2513458

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  
ANDREA DEL RIO

Street Address (P.O. Box Number is Not Acceptable)  
19370 COLLINS AVENUE

Suite, Apt. #, Etc.  
SUITE 1110

City  
SUNNY ISLES BEACH

State Zip Code  
FL 33160

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

*Andrea Del Rio*

Date 4/13/09

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
PSD	ANDREA DEL RIO	19370 COLLINS AVENUE STE 1110	SUNNY ISLES BEACH FL 33160

TS 4/17/09

REINSTATEMENT 07-09

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

*Andrea Del Rio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

786-271-4229

Daytime Phone #