## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

_	RPORATION ISTATEMENT		DEPARTMENT OF S Secretary of State SION OF CORPORATIONS	STATE		F1L 09 DEC 16	ED PM 1: 00
DOCUMENT # P06000052617  1. Corporation Name					SECRETARY OF STATE FALLAHASSEE, FLORIDA		
ARISTA, INC.  2. Principal Office Address - No P.O. Box # 3. Mailing Office Address					.10	Q1636712	291
501 PALM STREET P.O.B. Suite, Apt. #, etc. Suite, Apt. #,			Box 467		100163671291 12/16/0901028011 ***308.75 CR2E081 (11/09)		
City & State		City & State				orated or Qualified ness in Florida 412.2	006
WEST Zip	-Palm BEACH, FL Country	WEST	PALM BEACH,		5. FEI Number 20 - 468	38/49 <u> </u>	Applied For Not Applicable
33402					CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent  Name  JAMES K. EASON					The reinstatement fee is imposed, except in		
Street Address (P.O. Box Number is Not Acceptable) 501 PALM STREET					circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not		
Suite, Apt. #, Etc.					received and requesting the reinstatement fee be waived.		
11) FEST PAYOR BEACH FL 33401							
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 Date 12/15/2009							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	Name of		Street Address of Each Officer and/or Director		ar o directors,	City / Stat	e / Zip
Pees.	JAMESK. EASON		501 PALMSTWPB,FL		WPB, AL	3340/	
	REINSTA	TEN	IENT	DU			
				<u> </u>			
10. E-mail Address: APROW 4 ELECTE CE NETTERO. NET							
11. I certify that I am an officer or director or the receiver of rustree 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. I further offity, 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:  12/5/2009							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Pate	Daytime Phone #