PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 02 AUG -6 AM 8: 16
DOCUMENT # P9700006680 1. Corporation Name		
ARAWAN DEVELOPMENT CORP.		
2. Principal Office Address 13948 63 4 Lpl No. Suite, Apt. #, etc.	3. Mailing Office Address 13948 63 M LANS NORTH Suite, Apt. #, etc.	4
	_	4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	To Do Business in Florida NoV, 23, 1992 5. FEI Number Applied For
ROYAL PALM BEALH, FL.	ROYAL PALM BEACH FL	65-0365766 Not Applicable
33412 U.S.A.	33412 U.S.A.	GERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
NAME WALTER A. NAWARA 000006912200-0		
Street Address (P.O. Box Number is Not Acceptable) 13948 634 LANE NORTH ****308.75		
Suite, Apt. #, Etc.		
ROYAL PALM BEACH State Zip Code FL 33412		
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 Party REGISTERED AGENT MUST SIGN Date		
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	
T. Ser. WALTER A. NAWARA 13948 63 Nd LANEABRY ROYAL PALM BEAC FC.		
NO OTHER! 354/1		
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 under section 119.07(3)(i), 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 cath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR Date Daytime Phone #		