

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P93000023115</b> 1. Entity Name <b>ARON INTERNATIONAL CORP.</b>				<b>FILED</b> 05 JUN -6 AM 11:14 SECRETARY OF STATE TALLAHASSEE, FL 	
Principal Place of Business <b>6161 DUNCAN RD PUNTA GORDA, FL 33950 US</b>		Mailing Address <b>POST OFFICE BOX 512111 PUNTA GORDA, FL 33951 US</b>		06022005 REIN-P CR2E098 (6/04)	
2. Principal Place of Business <b>2626 RIO GRANDE DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>2626 RIO GRANDE DR</b> Suite, Apt. #, etc.			
City & State <b>PUNTA GORDA, FL</b> Zip Country <b>33950 US</b>		City & State <b>PUNTA GORDA, FL</b> Zip Country <b>33950 US</b>			
4. FEI Number <b>65-0399031</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WILLIAMS, JOHN M. 6161 DUNCAN RD PUNTA GORDA, FL 33950</b>		7. Name and Address of New Registered Agent Name <b>WILLIAMS, JOHN M</b> Street Address (P.O. Box Number is Not Acceptable) <b>2626 RIO GRANDE DR</b> City <b>PUNTA GORDA</b> <b>FL</b> Zip Code <b>33950</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>John M. Williams</i></u> <span style="float: right;">6/2/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILLIAMS, JOHN M 6161 DUNCAN RD PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, NORA S 6161 DUNCAN RD PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <u><i>John M. Williams</i></u> <span style="float: right;">6/2/05</span> <span style="float: right;">941-639-5959</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		