

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



99 JUN 11 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PB3000080022

1. Corporation Name

ARIANNA INTERNATIONAL INC.

Principal Place of Business

Mailing Address

**10214 N.W. 50TH STREET
SUNRISE, FL 33351**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12-01-93

5. FEI Number

65-0452634

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	DAVID LEONHARDT	10214 N.W. 50TH ST.	SUNRISE, FL 33351
V. PRES	JO ANN LEONHARDT	10214 N.W. 50TH ST.	SUNRISE, FL 33351
			700002922937--7
			-07/02/99--01103--016
			***1508.75 ***1508.75

8. Name and Address of Current Registered Agent

JO ANN LEONHARDT

9. Name and Address of New Registered Agent

Name

JO ANN LEONHARDT

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

2039 ISLAND CIRCLE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33326

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Jo Ann Leonhardt
REGISTERED AGENT MUST SIGN

Date **6/01/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 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 oath.

SIGNATURE:

Jo Ann Leonhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/21/99 **964-749-0411**

CR2E081 (12/98)