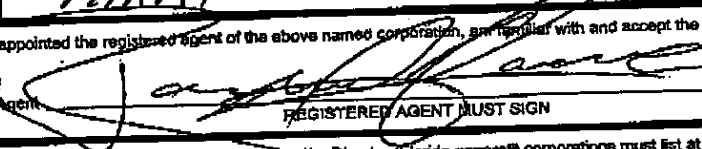


FAX AUDIT # H030000235991

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 9: 06

03 JAN 17 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000003606			
1. Corporation Name AR&R ENTERPRISES, INC			
2. Principal Office Address 8181 N.W. 36 ST Suite, Apt. #, etc. 6-C City & State MIAMI, FL Zip 33166		3. Mailing Office Address 256 N.W. 42 AVE Suite, Apt. #, etc. City & State MIAMI, FL Zip 33126	
		4. Date Incorporated or Qualified To Do Business in Florida	
		5. FEI Number 65-0546130	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name RAYMEL GARCIA			
Street Address (P.O. Box Number is Not Acceptable) 8181 N.W. 36 STREET 6-C			
Suite, Apt. #, Etc.			
City MIAMI		State FL	
		Zip Code 33166	
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  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)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GARCIA, RAYMEL	8181 N.W. 36 STREET	MIAMI, FL 33166
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 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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-17-2002 (305) 464-1181 Date Daytime Phone #	

FAX AUDIT # H030000235991
RAYMEL GARCIA
8181 N.W. 36 STREET
MIAMI, FL 33166

CORP 10023

2003

Florida Department of State
Division of Corporations
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(((H03000023599 1)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : R & R ACCOUNTING & TAX SERVICES, INC.
Account Number : 071324000655
Phone : (305)541-0790
Fax Number : (305)541-4015

CORPORATION REINSTATEMENT

AR&R ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,200.00