2003/JAN/17/FRI 02:56 AM ROLANDO TRUJILLO FAX No. 3055414015 P. 003

FAX AUDIT # H03000023599 1

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03 JAN 17 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	3. Mailing Office Address
8181 N.W. 36 ST	256 N.W. 42 AVE
Suite, Apt. #, etc.: 6-C	Suite, Apt. #, etc.:
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33166 Country: MIAMI-DADE	Zip: 33126 Country: MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0546130 ☐ Applied For ☐ Not Applicable

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: _____ Date: _____

REGISTERED AGENT MUST SIGN

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	City / State / Zip
P	GARCIA, RAYMEL	8181 N.W. 36 STREET	MIAMI, FL 33166

REINSTATEMENT 003

GR2ED01 (10/02)

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: Raymel Garcia 1-17-2003 (305)436-4161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FAX AUDIT # H03000029599

PREPARED BY:
RAYMEL GARCIA
8181 N.W. 36 STREET
MIAMI, FL 33166

Division of Corporations

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Florida Department of State
Division of Corporations
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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