
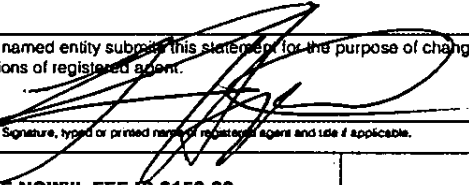
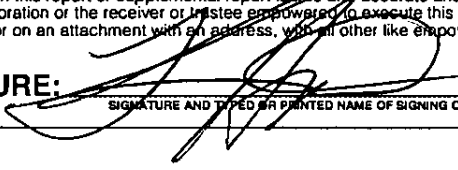


2005 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|---|---|--|--|--|---|--|--|
| DOCUMENT # P96000002132 1. Entity Name THE ARIEL BUSINESS GROUP, INC. | | | |  | | FILED 05 NOV 22 PM 1:23 SEC. OF TALLAHASSEE | |
| Principal Place of Business 4601 W KENNEDY BLVD STE 124 TAMPA, FL 33609 US | | | | Mailing Address 4516 TARPON DR. TAMPA, FL 33617 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | | 3. Mailing Address 4601 W. Kennedy Blvd. Suite, Apt. #, etc. Suite 124 City & State Tampa, FL Zip Country 33609 USA | | | |
| 4. FEI Number 59-3359574 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HUGGINS, THOMAS III 4516 TARPON DR. TAMPA, FL 33617 | | | | 7. Name and Address of New Registered Agent Name Thomas Huggins, III Street Address (P.O. Box Number is Not Acceptable) 10466 Bloomfield Hills Drive City Seffner FL Zip Code 33584 | | | |
| 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  DPST Thomas Huggins, III 11/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST HUGGINS, THOMAS III 4516 TARPON DR. TAMPA, FL 33617 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10466 Bloomfield Hills Drive Seffner, FL 33584 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600061635666 11/22/05--01083--008 **158.75 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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:  | | | | Thomas Huggins, III 11/15/05 813-207-0003 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date Daytime Phone #</small> | | | |