PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FO	нм.		
APPLIC TOP		ADE REIF	IT OF STATE					
REINSTATE IENT DIVION & EXPORATIONS					FILED			
DOCUMENT # PAUDOO 69805				99 JAN 12 AM 9: 41				
ARIKEV, INC				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
					TALLAHAS	SEE, FLURII	JA	
Principal Place of Business (289 W. SunRuse BLV9	Mailing Address 6289 W.	C	I					
5 Sunfess 1525 6289 W. Jungles 18270 Sunfess FL Sungers FL 33313								
333/3 If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. FEI Number Applied For				
City & State Zip Country	City & State	Country	,	6.	1638562	S8.75 Addition	ot Applicable	
7. Names and Street Addresses of Each Officer and	1				OF STATUS DESIRED L	for a Certifica	ate of Status	
Name of Officers Title(s) and/or Directors	7dr Director (Flor	Stre Off	et Address of Each cer and/or Director		Ci	ity / State / Zip		
0 - 6289 W. SURRIS			e Post Office Box N ORISE BLVD	lumbers)	4			
YRISGEN JOEC TISHER		5.00 71			JUNRISE ,	FZ. 3331	3	
President ARI FISHER		<u> </u>			,			
				• •				
			-01/15/9901003020 ****465.00 ****465.00					
							2	
8. Name and Address of Current Registered Agent Name ARI				9. Name and Address of New Registered Agent FISHER				
1 (289 W. SunRise Bano			Street Address (P	FISHER O. Box Number	is Not Acceptable)	<u> </u>	CR2E081 (12	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Suite, Apt. #, Etc.	1 to Sunfase Bevo				
JUNUSE, FZ. 33313			City SUND	<u>(\$ 0 0,1</u>		State Zip Code	13	
10. I, being appointed the registered agent of the ab	ove named corpo	ration, am familiar wil	h and accept the ob			<u> </u>		
Signature of Registered Agent R	EGISTERED NG	NT MUST SIGN	سعرم		Date 1 119			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No							ation	
I certify that I am an officer or director or the recethis reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my s	olution has been names of individu	eliminated, the corporals	rate name satisfies to do not qualify for a	the requirements an exemption und	of section 607.0401 or	617.0401, F.S., tha	at all fees	
(β, γ)					dulas las	24 31/-((b	13	
SIGNATURE: SIGNATURE AND TYPED OR PR	INTED NAME OF S	IGNING OFFICER OR D	RECTOR		11 Dale 14 (7	Daytime Phone	_	

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Department of State Division of Corporations 409 East Gaines St Tallahassee, FL 32399

January 11, 1999

To Whom It May Concern:

I own and operate a small business in Sunrise, FL and I take it upon myself to handle everything from the accounting to marketing to legal issues. I am 28 years old and I have been running my first business for the past three years and I am at the point where I would like to sell the company. Unfortunately, I recently discovered that my corporation has been dissolved without my knowledge on 9/26/97 and I have enclosed an application for reinstatement. I would not have discovered my company being dissolved if it were not for the attorney of the future owner.

When I first incorporated my company, I lived in Clearwater, FL. and I immediately moved to Sunrise, FL. the following week. Unfortunately, my mail was not forwarded to the correct address. I realize I cannot blame the post office for not receiving my annual report, however, I hope that you will take into consideration my sincere desire to reconcile the error that has caused so many problems for me. I appreciate you taking the time to read this letter.

Sincerely

President, Arikev, Inc.
D/B/A Life Line Screening