

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JAN -9 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

*PA6000069549*

1. Corporation Name

ARANTA CORPORATION

2. Principal Office Address

123 Thornton Drive

Suite, Apt. #, etc.

3. Mailing Office Address

123 Thornton Drive

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

West Palm Beach, FL

Zip

33418

Country

Zip

33418

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/21/96

5. FEI Number

65 0690028

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2000**

**7. Name and Address of Current Registered Agent**

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

600003583216

01/24/01-01005-20

\*\*\*\*758.75 \*\*\*\*758.75

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

*Deborah D. Skipper*

**Deborah D. Skipper**  
as its agent

Date *12-15-00*

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
PRESIDENT/TREASURER/SECRETARY/DIRECTOR	Irene D. Antoniou	123 Thornton Drive	West Palm Beach, FL 33418
VICE PRESIDENT	Rita M. Schnettler	1901 S. Meyers Road, Suite 220	Oakbrook Terrace, IL 60181

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:

*Rita M. Schnettler*

Rita Schnettler

12/14/00

(630) 932-5700x310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)