PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 AUG 10 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000084148

1. Corporation Name

Arus, INC.

Principal Place of Business

2200 South Dixie Highway SA
Suite 705
Miami, Florida 33133

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-01
(DO NOT WRITE IN THIS SPACE)

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business In Florida
10-09-1996

5. FEI Number [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional fee required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Anabella Pino	2200 S.Dixie Highway Suite705,Miami,Fl33133	
D	Anita Tricoli	22oo S.Dixie Highway Suite 705,Miami,Fl33133	
		600004529156--8	

8. Name and Address of Current Registered Agent

Juan C. Zorrilla
2200 South Dixie Highway
Suite 705
Miami, Florida 33133

9. Name and Address of New 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

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Deborah D. Skipper Deborah D. Skipper Date: 8/10/2001
REGISTERED AGENT MUST SIGN Asst. Secretary

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Anabella Pino 08-07-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ACCOUNT NO. : 072100000032

REFERENCE : ~~414468~~ 7272435

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1358.75

ORDER DATE : August 10, 2001

ORDER TIME : 2:41 PM

ORDER NO. : 414468-005

CUSTOMER NO: 7272435

CUSTOMER: Carmen Friedland, Legal Asst
Zorrilla & Garcia-oliver, Llc
Suite 705
2200 South Dixie Highway
Miami, FL 33133

RECEIVED
2001 AUG 10 PM 3:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

NOW INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

CHANGE OF AGENT

NAME: ARUS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 1133

EXAMINER: _____