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API REIN	PLICATION FOR STATEMENT	FLORIDA DEPARTM Jim Sm Secretary of DIVISION OF COR	A DEPARTMENT OF STATE Jim Smith Secretary of State VISION OF CORPORATIONS			DO NOT WRITE IN THIS SPACE			
 ✓ Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State 					97 NOV -6 AM 9: L7				
1. Name and Malling Address of Corporation: DOCUMENT # P9600009 Red Arrow Enterprises, Inc. 141 S.W. 142 Ave. Miami, Fl 33186					2. If Address in Block 1 is incorrect in any way, enter the correct address below: SECRE DATE OF STATE Address TALLAHASSEL FLORIDA 14129 S.W. 142 Avenue City and State Zip Code Miami, F1 33186 3. If Principle Office Address is different from mailing address, enter address Address			IDA	
		59-3414	068	- 100	City and State			ip Code	
4. Date Inc To Do B	porporated or Qualified 12/3/76 susiness in Florida 12/3/90	5. FEI Number 59-3414068			Number Applied For Number Not Applicable		8.75 Additional for a Certificate CATE OF STATUS	of Status	
7. Names a	and Street Addresses of Each Officer and/	<u> </u>	porations must lis				ONIT OF STATES	T DEGITED [.]	
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NO1 Use Post Office Box Numbers)			City / State / Zip			
D/P/S	Sylvio De Souza	14129	14129 S.W. 142 Avenue			Miami, F1 33186			
					900	002:3 -11/12/ ****16	45,423 97-01117 5.00 ****	32 010 ∗165.00	
			. A				DVV ,		
8. Name and Address of Current Registered Agent				O. If changed, new registered agent / office Name Syilvio De Souza Street Address (Do NOT Use P.O. Box Number)					
SYLVIO De Souza 141 S.W. 142 Avenue Miami, F1 33186				14129 S.W. 142 Avenue					
									Cionatura el
11. If th	his corporation is a non-p	rofit with I.R.S. 501((c)(3) tax e:	xem	pt status, che	ck this b	OX (See	e other side for onal information.)	
12. Do	pes this corporation pay a opt. of Revenue under S.	iny intangible tax to 199.032, Florida St	the tatutes.	Yes	X No 🗌	(See	other side for info on intangible tax		

13. I certify that I am an officer of 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 filling this reinstatement application the reisson 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 of Officer or Director ____

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Date 11/4/1997

Daylime Phone # (305) 444-8800





November 1, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: RED ARROW ENTERPRISES, INC. P96000097544

To Whom It May Concern:

Enclosed please find the 1997 Annual Report Filling Form. Due to an error in your computer, we have not received any reports from your office. Therefore, we did not know that a report was required for 1997 because we incorporated the business less than a year ago, December 3, 1996.

The address in your file is: 1

141 S.W. 142nd Avenue

Miami, Fl 33186

The correct address is:

14129 S.W. 142nd Avenue

Miami, Fl 33186

Please correct your records and accept our apologies for this inconvenience as well as the payment and filing form for RED ARROW ENTERPRISES, INC.

We assure you that this incident will not happen again in the future. Please do not hesitate to contact me if you have any questions regarding this matter.

Sincerely,

Armandø Hernandez, CPA

PS. PLEASE ACCEPT THE \$165 as FULL PAYMENT. I NEVER RECEIVED