PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| DOCUMENT # P9700  1. Corporation Name  ARAMAX, INC.  |  | am APPROVLU  |
|--|--|--|
| Principal Place of Business  8566 For est OAks Blood  Suite -7  Spainy hill, Fl. 34606  If above addresses are incorrect in any way, line thro  2. New Principal Office Address. It Applicable  Suite, Apt. #, etc.  City & State  | springhill, Fl.  | 3 4 6 0 Control of the control of th |
| 7. Names and Street Addresses of Each Officer and/or Title(s)  7. Names and Street Addresses of Each Officer and/or Directors  7. Names and Street Addresses of Each Officer and/or Directors  7. Names and Street Addresses of Each Officer and/or Directors  7. Names and Street Addresses of Each Officer and/or Directors  7. Names and Street Addresses of Each Officer and/or Directors  7. Names and Street Addresses of Each Officer and/or Directors  7. Names and Street Addresses of Each Officer and/or Directors  7. Names and Street Addresses of Each Officer and/or Directors  7. Names and Street Addresses of Each Officer and/or Directors  7. Names and Street Addresses of Each Officer and/or Directors  7. Names of Officers  7. Names of Officers  8. Names of Officers  9. Names of Officers  9 | Street A<br>Officer<br>3 (Do NOT Use Po  | Address of Each and/or Director City / State / Zip Post Office Box Numbers 4   |
|  |  | 70002560837 6<br>-06/16/9801064020<br>****150.00 ****150.00<br>7000025608376<br>-06/16/9801064021<br>*******8.75_*******8.75   |
| 8. Name and Address of Current Ri<br>William Perry<br>8566 Forest OAKS BL<br>Suite #7<br>Spring hill, F1. 3460   | si si  | 9. Name and Address of New Registered Agent lame street Address (P.O. Box Number is Not Acceptable) suite, Apt. #, Etc. State   Zip Code   FL  |
| 10. T, being appointed the registered agent of the above Signature of Registered Agent  11. This corporation owes or has Intangible Personal Property  12. Legitify that Lam an officer or director or the receive this reinstatement application, the reason for dissolution.   | e named corporation, am familiar with an Perry Sissi HeD AGE MUST SIGN is paid the current year tax due June 30.  The or trustee empowered to execute this a duen has been climinated, the corporate | The state of section 607.0505, F.S.  Date See other side for information on intangible tax.)  Application as provided for in chapter 607 or 617, F.S. I further certify that when filing name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees one qualify for an exemption under section 119.07(3)(0), F.S. The information indicated  |
| on this application is true and accurate, and my sign  SIGNATURE: Usulland SIGNATURE:  |  | is if made under oath.   |

June 3, 1998

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

RE: Aramax, Inc. (Corporate Annual Report)
Document # 97000020253

Dear Sirs / Madame

Please be advised that I did not receive a Corporate Annual Report to complete as required. For this reason I am requesting that you waive Re-instatement fees that would otherwise be due.

I called to obtain blank copy of forms to complete, but I requested wrong form. I was then advised to complete this form and send a letter of explanation along with it. I am enclosing a money order for \$150.00 and one for \$8.75 for a "Certificate of Status". I hope I have done this properly.

Thanking you all very much, I remain,

Yours truly

William Perry

Aramax, Inc.

8566 Forest Oaks Blvd.

Suite - 7

Springhill, Florida 34606

352-688-1090