

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 13 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000020253**

1. Corporation Name

ARAMAX, INC.

2. Principal Office Address

8655 Forest Oaks Blvd

Suite, Apt. #, etc.

Suite 7

City & State

Springhill, FL

Zip

34606

Country

Hernando

3. Mailing Office Address

8566 Forest Oaks Blvd.

Suite, Apt. #, etc.

Suite 7

City & State

Springhill FL.

Zip

34606

Country

U.S.A.

REINSTATEMENT 00-04

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/97

5. FEI Number

59-3424046

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William Perry

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

8566 Forest Oaks Blvd.

Suite, Apt. #, Etc.

Suite 7

City

Springhill

State

FL

Zip Code

34606

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

X William Perry

REGISTERED AGENT MUST SIGN

Date

8/12/04

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
PVD	Salvatore Solomon	9278 Gerona St.	Springhill FL 34608

000040246670
08/17/04--01043--019 **758.75

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:

Salvatore Solomon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/04

Date

352-688-1080

Daytime Phone #

CR2E081 (9/01)

2012

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04 AUG 13 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-12-04

**Department of State
Division of Corporations
Tallahassee, Florida**

Re: Aramax, Inc.

Dear Sir/Madame

Please be advised that we did not receive the necessary forms to pay for and renew our corporation, namely "Aramax, Inc."

Trusting this is the information your require.

Yours truly,


William Perry