

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 16 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000027381

1. Corporation Name

ARIS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

12747 BIRD ROAD.. STE 421
MIAMI FL 33175

12747 BIRD ROAD.. STE 421
MIAMI FL 33175

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0744816

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$38.75 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	4 City / State / Zip
PSTD	SILVIA MARY PINEDA	11031 SW 142 PL	MIAMI FL 33186
V/P	ARIS ARBANDO	12747 BIRD RD	MIAMI FL 33175
			8000003181218--5
			-03/23/00--01019--012
			****908.75 ****908.75
			REINSTATEMENT 99-00
			TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARIS ARBANDO
12747 BIRD RD
MIAMI FL 33175

Name
SILVIA MARY PINEDA
Street Address (P.O. Box Number is Not Acceptable)
11031 SW 142 PL
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33186

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

SILVIA MARY PINEDA
REGISTERED AGENT MUST SIGN

Date 3/13/2000

11. 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:

SILVIA MARY PINEDA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000 305-710-4199
Date Daytime Phone #

CR2E040 (8/99)