PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

APPLICATION

FOR REINSTATEMENT) s	Katherine Ha Secretary of S SION OF CORPOR	State	:	prop. h				
DOCUMENT # P9700057007 1. Corporation Name				FILED 01 NOV 16 PH 7: 22					
ARIES COMPUTER ENVIRONMENTS, INC.				SEGRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Address					,	COMBA			
800 SUMMER ST., STE. 202 STAMFORD CT 06901	ST., STE, 202 06901								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								_	
2. New Principal Office Address, If Applicable 13014 NOCTH DALE WARN HAY 13014 NOCTH VALE MARKY HAY Suite, Apt. #, etc.,					4. Date Incorporated or Qualified To Do Business in Florida 06/30/1997				
#-334				-5FEI Number		- Applied For	<u>-</u>		
City & State TAMPA FL City & State TAMPA		PA, FL		6			Not Applicable		
Zip 33618 Country USA	^{Zip} 33618	Countr	/A		OF STATUS DESIRED		Iditional Fee require ertificate of Status		
7. Names and Street Addresses of Each Officer and/o	or Director (Florid			st 3 directors)					
Title(s) Name of Officers and/or Directors		eet Address of Each icer and/or Director	City / State / Zip						
: D MINICHINI, JOSEPH	14002 CLUBHO 3014 NORT	JSE CIRCLE NUM + DALE MAS	MBER 2- TAMPA FL 33624- JU JUU 33618						
10.								7	
		400004705374 -12/05/0101017014 *****750.00 *****750.0					745 7014		
			agus V - 2 7228	13	A.)	.00			
		EMS	ALLIM	ri (T 0			
					že				
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent					
MINICHINI, JOSEPH 14002 CLUBHOUSE CIRCLE, NUMBER 205 TAMPA FL 33624 Suite, Apt. #, I			Tos	SEPH MINICHINI				CR2E040 (8/01)	
			Street Address (P.O. Box Number is Not Acceptable) 13014 North Pale MABRY Hwy Suite, Apt. #, Etc. # 334					72E040	
								٥	
			City TAMPA			State Zip	Code 336/8		
10. I, being appointed the registered agent of the above	re named corporat	tion, am familiar wit	h and accept the obl	igations of Section	on 607.0505, F.S.		₂ Z ₁₀₀ .	1	
Signature of Registered Agent	LIDE GISTERED AGEN	REQU t must sign	IRED		Date [[12]	101			
11. I certify that I am an officer or director or the receiving this reinstatement application, the reason for dissolution owed by the corporation have been paid and the nation on this application is true and accurate, and my sign	ution has been elir ames of individuals	minated, the corpor s listed on this forn	rate name satisfies th n do not qualify for a	ne requirements n exemption und	of section 607,0401 o	r 617.0401. F.	S., that all fees	-	
SIGNATURE: SIGNATURE	elles	Q UIR	ED	·	11/12/01				

Date

Daytime Phone #