

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -3 PM 2:34

DOCUMENT # P97000074676

1. Corporation Name

ARES & ASSOCIATES INCORPORATED

Principal Place of Business

Mailing Address

~~13914 PATHFINDER DR.
TAMPA FL 33688~~

~~13914 PATHFINDER DR.
TAMPA FL 33688~~



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

08/27/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3467307

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	ARES, RUBEN	16004 ROYAL ABERDEEN PL	ODESSA FL 33556
D	ARES, RUBEN	16004 ROYAL ABERDEEN PL	ODESSA FL 33556

300003473413-4
-11/21/00--01108--011
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Ruben Ares
REGISTERED AGENT MUST SIGN

Date 10/31/00

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:

Ruben Ares
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00 813 8874301
Date Daytime Phone #

CR2E040 (8/00)

(2)

To whom it may concern:

In reference to my expired reinstatement of my business license I wish to explain the tardiness. I apparently changed the officer and director address on my application for 1999 to my new address at 16004 Royal Aberdeen Place. I thought that would be sufficient to receive any further notices or correspondence from the state as I am the only principal agent for my corporation.

Apparently that was not sufficient as I only recently found out my license was revoked due to non payment. The notices were apparently sent to my former address at 13914 Pathfinder. Since this is now an expired forwarding order through the Postal Service I never received the applications in a timely manner. The only reason I found out of the expiration was because my tenant currently living at the residence I rent at 13914 Pathfinder received the notice of cancellation and thought I should be informed. She received this only because the substitute carrier at the Postal Service did not know that I was no longer living there and a forwarding order expired at that address. The regular carrier has been marking all other mail forwarding order expired.

I now realize I should have changed the "Principal place of Business" and "New office mailing address" block on the 1999 application and not just the office/director blocks.. I apologize for my ignorance and would greatly appreciate if your office would take this into consideration and not penalize me the late reinstatement fee. To this effect I was advised by your office to submit \$150.00 and a letter of explanation.

I hope you will accept the \$150.00 and reinstatement my license without penalty as I have corrected the necessary address blocks on my new application attached with this letter.

Thank You,



Ruben D. Ares
Ares and Associates, Inc.