

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 24 PM 3:08



FLORIDA DEPARTMENT OF
STATE
DIVISION OF CORPORATIONS

CPA Oliver

DOCUMENT # *998000023971*

1. Corporation Name

A. R. A. S. OF TAMPA, INC.

2. Principal Office Address

1548 E. FOWLER AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33612

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/01/98

5. FEI Number

59-3521070

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

HABIBOLLAH S. AMROOZI

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

16569 HUTCHINSON RD

Suite, Apt. #, Etc.

ODESSA

City

State

FL

Zip Code

33556

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

Habibollah S. Amroozi
REGISTERED AGENT MUST SIGN

Date *5/18/2001*

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
<i>D</i>	<i>HABIBOLLAH S. AMROOZI</i>	<i>16569 HUTCHINSON</i>	<i>ODESSA, FL 33556</i>

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:

Habibollah S. Amroozi

HABIBOLLAH S. AMROOZI

5/18/2001

813-971-2191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/03)