

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 3:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000023971**

1. Corporation Name

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

Principal Place of Business

Mailing Address

1548 E. FOWLER AVE
 TAMPA FL 33612

1548 E. FOWLER AVE
 TAMPA FL 33612

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida **03/12/1998**

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. 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
D	AMROOEI, HABIBOLLAH S	16569 HUTCHINGSON	ODESSA FL 33556
			200024383882 11/17/03--01097--021 **50.00
			200024383882 11/03/03--01080--012 **700.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMROOEI, HABIBOLLAH S
 16569 HUTCHINSON RD
 ODESSA FL 33556

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent

H.S. Amrooei REGISTERED AGENT MUST SIGN

Date

10/28/03

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:

H.S. Amrooei Habibollah S Amrooei 10/28/03 (813) 971-2191
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (7/03)