

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -7 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9900001575

1. Corporation Name
ARZOON ACQUISITION INC.

14411 COMMERCE WAY
2075 PIONEER CT

2. Principal Office Address
14411 COMMERCE WAY

3. Mailing Office Address
2075 PIONEER CT

Suite, Apt. #, etc.
SUITE 330

Suite, Apt. #, etc.

City & State
MIAMI LAKES, FL

City & State
SAN MATEO, CA

Zip Country
33016 USA

Zip Country
94403 USA

4. Date Incorporated or Qualified
To Do Business in Florida 01/07/1999

5. FEI Number 63-0931158 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name NationsCorp Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable) 526 E Park Ave 700038197977
Suite, Apt. #, Etc. 06/23/04--01067--002 **908 75
City Tallahassee State FL Zip Code 32301

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 Alison Hand, ASST sec
INC 855 REGISTERED AGENT MUST SIGN

Date 6/7/04

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
D	DEBORAH VENEZIALE	2075 PIONEER CT	SAN MATEO, CA 94403

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: D Venezia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/4/04 Daytime Phone # 60522-6000

CR2E081 (01/04)

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