

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 OCT 31 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000029927

1. Corporation Name

A & R ENTERPRISES USA, INC.

Principal Place of Business

Mailing Address

13818 SW 139 CT
MIAMI FL 33186

13818 SW 139 CT
MIAMI FL 33186

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

03/22/1999

5. FEI Number

65-0907887

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------|
| P | ACUNA, RICARDO | 15920 SW 141 TR | MIAMI FL 33196 |
| V | ACUNA, ADRIANA | 15920 SW 141 TR | MIAMI FL 33196 |
| M | ACUNA, RICARDO, JR | 8635 SW 152 AVE #225 | MIAMI FL 33186 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ACUNA, RICARDO A
15920 SW 141 TR
MIAMI FL 33196

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

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

C.I.S. COMPLETE IMAGE SYSTEMS

15920 S.W. 141ST TER. Miami Fl. 33196

Ph: (305) 256-9304 / F: (305) 259-5325

Florida Department of Revenue.
Division of Corporations.
Subject; Reinstatement of Corporation.

To Whom It May Concern.

Dear Sirs:

A&R Enterprises USA, Inc. Changed its address last year in November, therefore the filling information that was sent to us did not arrive. The only Info we received was this reinstatement application that was sent to the correct address.

We appreciate the importance you give to this matter,; please feel free to contact me at any time if necessary.

Thank you.

Sincerely:

A handwritten signature in black ink, appearing to be 'Ricardo Acuna', written over a horizontal line.

Ricardo Acuna (President).