

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 27 AM 11:43

DOCUMENT # P99000053014

1. Corporation Name

ARPM, INC.

700005271247--1

-04/15/02--01018--010

\*\*\*308.75 \*\*\*308.75

2. Principal Office Address

13919 68TH STREET N.

Suite, Apt. #, etc.

N/A

City & State

WEST PALM BEACH - FL

Zip

Country

FLORIDA

3. Mailing Office Address

13919 68TH SE. NORTH

Suite, Apt. #, etc.

N/A

City & State

WEST PALM BEACH - FL

Zip

Country

FLORIDA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/99

5. FEL Number

65-0926754

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

ANAZILMA ROSSI

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

13919 68TH STREET NORTH

Suite, Apt. #, Etc.

N/A

City

WEST PALM BEACH

State  
FL

Zip Code

33412

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

03/25/02

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
V.P.	ADAMILSON ROSSI	13919 68TH SE NORTH	W.P.B. / FL / 33412
PRES	ANAZILMA ROSSI	13919 68TH SE NORTH	W.P.B / FL / 33412

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/02

Date

561-784-7550

Daytime Phone #

CR2081 (9/01)

13919 68<sup>th</sup> Street North  
West Palm Bch – Florida – 33412  
Ph 561-784-7550 – Fx 561-784-7550  
e-mail – arpminc@aol.com



**ARPM, INC. ®**

Monday, March 25, 2002

To: **Department of State  
Division of Corporations  
409 East Gaines St  
Tallahassee – FL – 32399**

From: The desk of  
Anazilma Rossi

Re: Reinstatement of ARPM, Inc.

Dear Sis/ Madam

Please process the application of reinstatement, and as per my conversation with Department Official, she has suggested that we write this request for waiver for the \$750.00 fee due to non-receipt of the Uniform Business Report for the year 2001. We sincerely regret our mistake in pursuant this matter earlier, but we're a young Company and didn't know about this yearly filling.

I'm forwarding a check for \$300.00 + \$8.75 for the certificate, if there is a need to pay more, please advise immediately, so we may be within the State's Business Regulations.

We kindly request that this matter be cared for in a extremely urgent manner, I submit

Sincerely,

Anazilma Rossi

President

Heron Milan  
VP CEO

*People you can count on!!!*