APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P99000076666

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. Corporation Name

ARETAMA MANAGEMENT, INC.

2. New Principal Office Address, If Applicable

N.W. 79th Avonue

Principal Place of Business

Mailing Address

4084 PINE RIDGE LANE WESTON FL 33381

<u>39.00</u>

4084 PINE RIDGE LANE WESTON FL 33331

3. New Mailing Office Address, If Applicable

7220 N.W.

FILED 00 DEC 29 AM 10: 38 SECRETARY OF STATE. TALLAHASSEE FLORIDA

PERMITATEME			
Date Incorporated or Qualified	The second second second		
To Do Business in Florida	08/27/1999		
5. FEI Number	Applied For		
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<u>3644.54</u>

<sup>Zip</sup> 33	Nale Country S.A	. <sup>Zip</sup> 33 \u		A. C. Country	CERTIFICATE	OF STATUS DESIRED of Statu	s S	
7. Names	and Street Addresses of Each Office	er and/or Director (Florida	a nonprofit	corporations must list at lea	ast 3 directors)			
Title(s)	Name of Office and/or Directo 2	ors	3	Street Address of Each Officer and/or Director		City / State / Zip		
PD	LOPEZ, EDGAR J		4084 PINE RIDGE LANE			WESTON FL 33331		
S D	LOPEZ, MARIA E		4084 PINE RIDGE LANE			WESTON FL 33331		
LOPEZ, CARLOS E			4084 PINE RIDGE LANE			WESTON FL 33331		
		·			5	<u>00003532606:</u> -01/11/0101040007	<u>=</u>	
	;					****758.75 ****758.75	5	
	8. Name and Address of Co	urrent Registered Agent			9. Name and A	ddress of New Registered Agent		

8. Name and Address of Current Registered Agent T. LOPEZ EDGAR SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 7220 NW, 3651 343-ALMERIA-AVENUE Suite, Apt. #, ⊨ւс. CORAL GABLES FL 33134 Zin Code State 33166 MIAMI

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.

Signature of Registered Agent

12-26-00 EDGAR TO LOPEZ REGISTER 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 filling 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.

opez-President 12/100 SIGNATURE AND TYPED OR PRI