PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAR 29 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0002

DOCUMENT # P99000088998

1. Corporation Name
ARMAS, INC.

2. Principal Office Address	3. Mailing Office Address
4731 West Atlantic Avenue	4731 West Atlantic Avenue
Suite, Apt. #, etc.: B12	Suite, Apt. #, etc.: B12
City & State: Del Ray, Florida	City & State: Del Ray, Florida
Zip: 33445 Country: USA	Zip: 33445 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: OCTOBER 8, 1999

5. FEI Number: 65-0964264 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

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***1050.00 ***1050.00

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: Lynette Coleman as its agent
REGISTERED AGENT MUST SIGN

Date: 4/2/2002

CR2E081 (8/01)

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
DP	ARMAS, ORLANDO J.	4731 W. Atlantic Ave., #B12	Del Ray, Florida 33445

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 the 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: ORLANDO J. ARMAS 3/27/02 499-9943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #