

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

01 JUN 28 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000100936

1. Corporation Name

ARI MANAGEMENT CORP.

2. Principal Office Address

13499 Biscayne Blvd

3. Mailing Office Address

SAME AS OFFICE

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

City & State

N. MIAMI, FL

City & State

Zip

33181

Country

USA

Zip

Country

REINSTATEMENT 2000-01

4. Date Incorporated or Qualified To Do Business in Florida

11/15/99

5. FEI Number

65-0965490

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

ERNST MOMPREMIER

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

13499 Biscayne Blvd

Suite, Apt. #, Etc.

Suite 203

City

N. MIAMI

State  
FL

Zip Code  
33181

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

Date 06/06/01

REGISTERED AGENT MUST SIGN

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
P/T/S	ERNST MOMPREMIER	13499 Biscayne Blvd Suite 203	N. MIAMI, FL 33181
			300004481633

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/06/01 (305)610-9008

Date

Daytime Phone #

CR2001 (1/00)