

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED


05 SEP 14 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. Ecker! SEP 15 2005


REINSTATEMENT 95-05

4. Date Incorporated or Qualified To Do Business in Florida		11/21/1990
5. FEI Number	65-0231497	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>514064</b>					
1. Corporation Name ARGRAND INC.					
2. Principal Office Address 1717 N. BAYSHORE DR			3. Mailing Office Address 1717 N. BAYSHORE DR		
Suite, Apt. #, etc. SUITE 102			Suite, Apt. #, etc. SUITE 102		
City & State MIAMI			City & State MIAMI		
Zip 33132	Country USA	Zip 33132	Country USA		

7. Name and Address of Current Registered Agent	
Name KENNY ARSENAULT - C/O THE GRAND & ASSOCIATES	
Street Address (P.O. Box Number is Not Acceptable) 1717 N. BAYSHORE DR	
Suite, Apt. #, Etc. SUITE 102	
City MIAMI	State FL
Zip Code 33132	

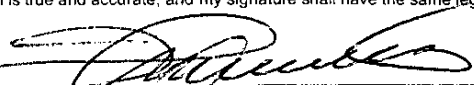
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  Date: 07/25/05

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
DPS	KENNY ARSENAULT	1717 N. BAYSHORE DR	MIAMI, FL 33132

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:  07/25/2005 (305) 530-0609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (07/05)