

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 29 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **597989**

1. Corporation Name

**ARMAN, INC.**

400004474664--8

-07/13/01--01063--018

\*\*\*1200.00 \*\*\*1200.00

98-01

2. Principal Office Address

1500 University Dr.

3. Mailing Office Address

P.O. Box 39533

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

C/O Seyhan Gulec

City & State

Coral Springs, FL

City & State

Ft. Lauderdale, FL

Zip

33071

Country

USA

Zip

33339

Country

USA

5. FEI Number

65-0300505

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

Seyhan Gulec

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

1500 University Dr.

Suite, Apt. #, Etc.

208

City

Coral Springs

State

FL

Zip Code

33071

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

*Seyhan Gulec*

REGISTERED AGENT MUST SIGN

Date 3/20/01

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
P, S, T	Seyhan Gulec	1500 University Dr. 6208	Coral Springs, FL 33071

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:

*Seyhan Gulec*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

954-235-4891

Daytime Phone #

CR2E081 (9/00)