

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **V37644**

1. Corporation Name

A.R.A. AMERICAN INC.

Principal Place of Business

Mailing Address

7300 SW 113 CIRCLE PL
 MIAMI FL 33173

7300 SW 113 CIRCLE PL
 MIAMI FL 33173

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 00

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV 20 PM 5:44



4. Date Incorporated or Qualified To Do Business in Florida **05/20/1992**

5. FEI Number **65-0333601** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	ALVAREZ, ANTONIA	7300 SW 113TH CIR PL	MIAMI FL
			400003493134--1 -12/11/00--01028--025 ****750.00 ****750.00
			<i>JB 12/14</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALVAREZ, ANTONIA 7300 SW 113 CIR PL MIAMI FL 33173	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL
		Zip Code

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

Signature
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

11/14/00

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(307)
11/14/00
271-2049

CR2E040 (8/00)