



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V51803 1. Entity Name ARIVASQUEZ, INC.						<div style="transform: rotate(-15deg);"> FILED 05 JAN 13 PM 4:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 11235 LONGSHORE WAY W NAPLES, FL 34119 US				Mailing Address 11235 LONGSHORE WAY W NAPLES, FL 34119 US			
2. Principal Place of Business 4707 Enterprise AVE		3. Mailing Address 4707 Enterprise AVE		REINSTATEMENT 04-05  01062005 REIN-P CR2E098 (6/04) th			
Suite, Apt. #, etc. Suite 5		Suite, Apt. #, etc. Suite 5					
City & State Naples, FL		City & State Naples, FL					
Zip 34104		Country U.S.					
4. FEI Number 65-0350969				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BORRO, JOSE 3940 RADIO RD STE 103 NAPLES, FL 34104			
7. Name and Address of New Registered Agent Name MARC F OATES Street Address (P.O. Box Number is Not Acceptable) 10001 TAMiami TRAIL N. Ste. 119 City NAPLES FL Zip Code 34108				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Marc F Oates</i></u> 1-11-05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete VASQUEZ, LUZ STELLA 11235 LONGSHORE WAY W NAPLES, FL 34119			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500044704935 01/13/05--01057--013 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD <input type="checkbox"/> Delete ARIAS, RICARDO 11235 LONGSHORE WAY W NAPLES, FL 34119			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500044704935 01/13/05--01057--014 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete VASQUEZ, CARLOS 2116 EVERGREEN LAKE CT. NAPLES, FL 34112			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500044704935 01/13/05--01057--015 **8.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Luz Stella Vasquez C</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 01/11/05		Daytime Phone # 239-784-6977	