

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 23 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000066496

1. Corporation Name
ARUTNEVA, INC.

REINSTATEMENT 02-03

500025722255
12/23/03--01019--020 **900.00

Handwritten initials

2. Principal Office Address 201 S. Biscayne Blvd.		3. Mailing Office Address 201 S. Biscayne Blvd.	
Suite, Apt. #, etc. 2500		Suite, Apt. #, etc. 2500	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/10/2000	
5. FEI Number 651051316	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Antonio R. Zamora, Esq.		
Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd		
Suite, Apt. #, Etc. 2500		
City Miami	State FL	Zip Code 33131

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: *[Signature]* REGISTERED AGENT MUST SIGN Date: 12/19/03

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
PSD	Elias C. Daniel	19955 Porto Vita Way, Apt. 2306	Aventura, FL 33180

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]* Elias Cababie Daniel, 12/19/03 (305) 406-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

CR2E081 (10/02)