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FILED

07 JAN 24 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P0000066496

1. Entity Name
ARUTNEVA, INC.



REINSTATE

06/07

Principal Place of Business
**201 SOUTH BISCAYNE BLVD.,
SUITE 2500
MIAMI, FL 33131**

Mailing Address
**201 SOUTH BISCAYNE BLVD.,
SUITE 2500
MIAMI, FL 33131**



2. Principal Place of Business
**19950 W. Country Club Dr.,
Suite #900**

3. Mailing Address
**19950 W. Country Club Dr.,
Suite #900**

12262005 REIN-P CR2E038 (11/05)

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number
85-1051318

Applied For
 Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ZAMORA, ANTONIO R ESQ.
201 S. BISCAYNE BLVD.,
SUITE 2500
MIAMI, FL 33131**

7. Name and Address of New Registered Agent
Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
**1200 South Pine Island Road
Plantation FL 33924**

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.

Peter F. Souza
Assistant Secretary

SIGNATURE: _____ DATE: **1/24/07**

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$800.00

10. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	CABABIE, ELIAS D	
STREET ADDRESS	18855 PORTO VITA WAY, APT. 2305	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZAMORA, ANTONIO R	
STREET ADDRESS	1408 BRICKELL BAY DRIVE # 1211	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cababie, Jacobo	
STREET ADDRESS	19950 W. Country Club Dr., Ste. 900	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report or explanation 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 authorized 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 my signature and that of either the empowered.

SIGNATURE: **Jacob Cababie** DATE: **01/15/2007**

Signature and Title of Registered Agent or Other Officer or Director
Name of Registered Agent or Other Officer or Director

H07000021387

K. Eckel JAN 24 2007

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

ARUTNEVA, INC.]

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