2005 FOR PROFIT CORPORATION REINSTATEMENT

	NEII1317										
DOCUMENT # P02000086463						FILED					
1. Entity Name ARAUZ INTERNATIONAL, INC.											
							05 (OCT +O	Pii I: U	19	
Principal Place of Business Mailing Address							SE61.			:	
9952 SW 8TH ST #124 9952 SW 8TH ST #124 MIAMI, FL 33174 MIAMI, FL 33174							Tall.	H. M	71 1.	,	
# INDIANGE SSTEE						1 3 6 8 11 6 6 1 11	80118 11011 1814 681H	83 86 3 T 8 8	1111 211(3 1 (0 16	:00 1 1 100	
Principal Place of Business 3. Mailing Address											
15531 SW 59 ⁴¹ ST. Suite, Apt. #, etc. Suite, Apt. #, etc.						40070005	REIN-P	CDat	098 (6/04)		
City & State City & State						10072005		Unzc	· · ·	polied For	
	smi FL					4. FEI Number Applied For 82-0558173 Not Applicable					
Zip 3319	Country	Zip	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
ARAUZ, RAFAEL O											
9952 SW 8TH ST #124 MIAMI, FL 33174					Street Address (P.O. Box Number is Not Acceptable)						
				City					Zip Code		
8 The above	named entire submits this fatement in	or the purpose of changing its	ragieter		ranietar	ad agent or hol	h in the State of	FL Florida Lam		,	
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 ten											
SIGNATURE Signature Apoll of British name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
очном одуром о ринко пале опервано ация в очно ше и адрисале. (по ст. перваней Арат вірпалия першаю мяю папавалід) — БАТЕ											
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										F.S., the totice.	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO C	OFFICERS AND	DIRECTORS	3 IN 11	
TITLE	D APAUZ PAFAFI O	☐ Delete	TITL						☐ Change	☐ Addition	
NAME STREET ADDRESS	ARAUZ, RAFAEL O . 9952 SW 8TH ST #1 24		nam Stre	ET ADDRESS	122.	31 SW	59th 57			:	
CITY-ST-ZIP	MIAMI, FL 23174		_	-ST-ZIP		suri		93			
TITLE NAME	ARAUZ, RAFAEL O	☐ Delete	TITLI NAM		_			_	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	9952 SW 8TH ST #124 ST MIAMI, FL 33174. CIT				155	31 SW	5917 6 FV 3	a. 3193			
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NAME STREET ADDRESS			HAM	eet address		10/1	0006 i 0/0501i	0457	798 **150		
CITY-ST-ZIP				-ST-ZIP		10/1	0,00 01	511015	. **1.50	J.00	
TITLE NAME		☐ Delete	TITL NAM						☐ Change	☐ Addition	
STREET ADDRESS				EET ADDRESS			•				
CITY-ST-ZIP		☐ Delete	CITY	·ST·ZIP				.	☐ Change	☐ Addition	
NAME		☐ Delete	NAM	IE	R)					C Addition	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP		WST/	TEA		$\partial \mathcal{D}$	P#174	
TITLE		, Delete	TITL						Срэдое	Addition	
NAME STREET ADDRESS		•	NAM STRI	EET ADDRESS							
CITY-ST-ZIP		L 122 (0)22 3 07 **		'-ST-ZIP			(i) Flactor (ii)				
I indicated	certify that the information supplied wit fon this report or supplemental report in rooration or the receiver or trustee eart	s true and accurate and that i	my siona	iture shall ha	ave the s	same legal effec	as if made und	ier oath: that l	am an officer	or director	
of the corporation or the receiver or trustee employered 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 cubic like empowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prone #											
i .	HO UST I UNE AND I TPED ON	FRIENCED NAME OF SIGNING OFFICER	. JA DIREC				Date	•	Jayunne Frichie #	· ·	