

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000086463 1. Entity Name ARAUZ INTERNATIONAL, INC.						FILED 05 OCT 10 PM 1:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 9952 SW 8TH ST #124 MIAMI, FL 33174				Mailing Address 9952 SW 8TH ST #124 MIAMI, FL 33174					
2. Principal Place of Business 15531 SW 59th ST. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				10072005 REIN-P CR2E098 (6/04)			
City & State Miami FL		City & State		4. FEI Number 82-0558173		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Zip 33193		Country		Zip		Country			
6. Name and Address of Current Registered Agent ARAUZ, RAFAEL O 9952 SW 8TH ST #124 MIAMI, FL 33174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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: <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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	D ARAUZ, RAFAEL O 9952 SW 8TH ST #124 MIAMI, FL 33174			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15531 SW 59th ST Miami, FL 33193			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS ARAUZ, RAFAEL O 9952 SW 8TH ST #124 MIAMI, FL 33174			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15531 SW 59th ST. Miami, FL 33193			<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	800060457798 10/10/05--01077--012 **150.00			<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	REINSTATEMENT 05			<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									