

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
Dec 03, 2008  
Secretary of State

DOCUMENT# P05000125154

Entity Name: ARYUNA GROUP I, INC.

**Current Principal Place of Business:**

141 NE 3RD AVENUE, SUITE 406  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

141 NE 3RD AVENUE, SUITE 406  
MIAMI, FL 33132

**New Mailing Address:**

FEI Number: 20-3455868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAREDES, EDELMIRA  
141 NE 3RD AVENUE, SUITE 406  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: PAREDES EDELMIRA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KINNEGAD CORPORATION,  
Address: 141 NE 3RD AVENUE, SUITE 406  
City-St-Zip: MIAMI, FL 33132

Title: PD ( ) Delete  
Name: PAREDES, EDELMIRA  
Address: 141 NE 3RD AVENUE, SUITE 406  
City-St-Zip: MIAMI, FL 33132

Title: VD ( ) Delete  
Name: ARAUJO, MARIELA  
Address: 141 NE 3RD AVENUE, SUITE 406  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: ARAUJO, DORIS  
Address: 141 NE 3RD AVENUE, SUITE 406  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: ARAUJO, ISIDRO  
Address: 141 NE 3RD AVENUE, SUITE 406  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: ARAUJO, IDA  
Address: 141 NE 3RD AVENUE, SUITE 406  
City-St-Zip: MIAMI, FL 33132

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDELMIRA PAREDES

Electronic Signature of Signing Officer or Director

P

12/03/2008

Date