

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000086463

1. Entity Name
ARAUZ INTERNATIONAL, INC.



FILED

05 OCT 10 PM 1:09

SECRET
TALAPIN

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

3. Mailing Address

15531 SW 59th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10072005 REIN-P CR2E098 (6/04)

City & State
Miami FL

City & State

4. FEI Number
82-0558173

Applied For
Not Applicable

Zip
33193

Country

Zip

Country

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

ARAUZ, RAFAEL O
9952 SW 8TH ST #124
MIAMI, FL 33174

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
15531 SW 59th ST
Miami, FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVT
ARAUZ, RAFAEL O
9952 SW 8TH ST #124
MIAMI, FL 33174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
15531 SW 59th ST.
Miami, FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800060457798
10/10/05--01077--012 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 05

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #