

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000025658

1. Entity Name  
AUPHEN CORPORATION



FILED

08 OCT -1 AM 8:10

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
19370 COLLINS AVENUE  
SUITE #1626  
NORTH MIAMI BEACH, FL 33160 US

Mailing Address  
19370 COLLINS AVENUE  
SUITE #1626  
NORTH MIAMI BEACH, FL 33160 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 08  
09252008 REIN P 082E098 (1/07)

4. FEI Number  
56-2325614

Applied For  
Not Applicable

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND STREET  
4TH FLOOR  
MIAMI, FL 33145

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

MARIO ORTEGON / President

09/25/08

FILE NOW!!! FEE IS \$750.00  
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ORTEGON, MARIO  
STREET ADDRESS 19370 COLLINS AVENUE, SUITE #1626  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE ☐ Change ☐ Addition  
NAME 100136533151  
STREET ADDRESS 10/01/08--01043--023 \*\*765.00  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME FEY, BARRY  
STREET ADDRESS 19370 COLLINS AVENUE, SUITE #1626  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

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

TITLE SD ☐ Delete  
NAME SATTER, BRUCE  
STREET ADDRESS 19370 COLLINS AVENUE, SUITE 1626  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition  
NAME MARIO ORTEGON  
STREET ADDRESS 19370 Collins Ave Ste 1626  
CITY-ST-ZIP Sunny Isles Beach FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 119, 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 #

MARIO ORTEGON 09/25/08  
President

786 444 06 25