

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN -2 PM 12: 53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **370233**

1. Corporation Name
ARTURNERI, INC.

Principal Place of Business Mailing Address
220 MIRACLE MILE, SUITE 217 **220 MIRACLE MILE, SUITE 217**
% MARTA L. LARRAZABAL **% MARTA L. LARRAZABAL**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *OW*
9596

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified To Do Business in Florida **09/23/1970**

5. FEI Number **59-2162481** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ZACARIAS, ALBERTO Z.	220 MIRACLE MILE #217	CORAL GABLES FL
VD	ZACARIAS, ARTURO JR.	220 MIRACLE MILE #217	CORAL GABLES FL
TD	ZACARIAS, LILIANA	220 MIRACLE MILE #217	CORAL GABLES FL

~~900002047929-2~~
-01/07/97--01072--012
****575.00 ****575.00

8. Name and Address of Current Registered Agent
LARRAZABAL, MARTA L.
220 MIRACLE MILE
SUITE 217
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent *Marta L. Larrazabal* REGISTERED AGENT MUST SIGN Date **12/03/96**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Arturo Zacarias* **12/03/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREATED (6/95)