


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 JUN -1 PM 3:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 06/01/05--01073--001 **1688.75

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 370233
 1. Corporation Name
ARTURNERI Inc.

2. Principal Office Address 10 Overlake Ct		3. Mailing Office Address 10 Overlake Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Oakland, CA		City & State Oakland, CA	
Zip 94611	Country USA	Zip 94611	Country USA

REINSTATEMENT 99-05

4. Date Incorporated or Qualified To Do Business in Florida 9/23/1970	
5. FEI Number 202884622	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$175 Additional Fee (required for a Certificate of Status)	

7. Name and Address of Current Registered Agent

Name NRAI Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive	
Suite, Apt. #, Etc. Suite 4	
City Weston	State / Zip Code FL 33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: **NRAI Services, Inc.**
 By: **Christian E. Smith** Christian E. Smith, Date: **05-26-2005**
 REGISTERED AGENT MUST SIGN **Asst. Secretary**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Alberto Zacarias	10 Overlake Ct	Oakland, CA, 94611
VD	Arturo Zacarias	20308 Pinntage Pkwy	Cupertino, CA, 95014
SD	Liliana Zacarias	10 Overlake, Ct	Oakland, CA, 94611

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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: **Alberto Zacarias** **5/27/05** (650) 829-3153
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #