

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**


08 DEC 12 PM 1:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*0708*  
*[Signature]*

**REINSTATEMENT**

800138990858  
 12/12/08--01040--016 \*\*300.00  
 CR2E081 (10/08)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 370233  
 1. Corporation Name  
 Artturneri Inc

2. Principal Office Address - No P.O. Box # 8770 Sunset Drive		3. Mailing Office Address 8770 Sunset Drive	
Suite, Apt. #, etc. #245		Suite, Apt. #, etc. #245	
City & State Miami Florida		City & State Miami Florida	
Zip 33173-3512	Country Dade	Zip 33173-3512	Country Dade

4. Date Incorporated or Qualified To Do Business in Florida 1970

5. FEI Number 33-1118337	Applied For <input type="checkbox"/> Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 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 FL	Zip Code 33331
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 by: *Chris [Signature]* Date 12/1/2008

REGISTERED AGENT MUST SIGN

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 N Zacarias	95 Kimberlin Heights Drive	Oakland CA 94619
VD	Arturo M Zacarias	95 Kimberlin Heights Drive	Oakland CA 94619
SD	Liliana C Zacarias	95 Kimberlin Heights Drive	Oakland CA 94619

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 contained in Chapter 119, 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* Date 12/8/2008 Daytime Phone # 650 8233153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR