

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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

Suite, Apt. #, etc.

#245

City & State

Miami Florida

Zip

33173-3512

Country

Dade

3. Mailing Office Address

8770 Sunset Drive

Suite, Apt. #, etc.

#245

City & State

Miami Florida

Zip

33173-3512

Country

Dade

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

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: *Christine*

REGISTERED AGENT MUST SIGN

Date 12/1/2008

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 N Zacarias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/2008 650 8233153

Date

Daytime Phone #

08 DEC 12 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

800138990858
12/12/08--01040--016 **300.00

CR2E081 (10/08)

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

5. FEI Number
33-1118337

Applied For

Not Applicable

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

☒ 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.