

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 370233

FILED
Dec 10, 2009
Secretary of State

Entity Name: ARTURNERI, INC.

Current Principal Place of Business:

8770 SUNSET DR., #245
MIAMI, FL 331733512

New Principal Place of Business:

Current Mailing Address:

8770 SUNSET DR., #245
MIAMI, FL 331733512

New Mailing Address:

FEI Number: 33-1118337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CHRISTIAN EUBANKS - NRAI

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZACARIAS, ALBERTO
Address: 95 KIMBERLIN HEIGHTS DRIVE
City-St-Zip: OAKLAND, CA 94619

Title: VD () Delete
Name: ZACARIAS, ARTURO M
Address: 95 KIMBERLIN HEIGHTS DRIVE
City-St-Zip: OAKLAND, CA 94619

Title: SD () Delete
Name: ZACARIAS, LILIANA C
Address: 95 KIMBERLIN HEIGHTS DRIVE
City-St-Zip: OAKLAND, CA 94619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZACARIAS, ALBERTO N
Address: 95 KIMBERLIN HEIGHTS DRIVE
City-St-Zip: OAKLAND, CA 94619

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO N ZACARIAS

PD

12/10/2009

Electronic Signature of Signing Officer or Director

Date