

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 ^{March} APR 17 PM 3:40

CLERK OF STATE
TAMM HALL, FLORIDA

DOCUMENT # L08000093826

1. Corporation Name

ARWEX INTERNATIONAL, LLC

2. Principal Office Address - No P.O. Box #

4175 WOODLANDS PKWY

Suite, Apt. #, etc.

3. Mailing Office Address

4175 WOODLANDS PKWY

Suite, Apt. #, etc.

City & State

PALEMBOR FL

City & State

PALEMBOR FL

Zip

34685

Country

USA

Zip

34685

Country

USA

800270751368

04/07/15--01034--001 **147.50

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2008

5. FEI Number

753269718

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Reinstatement

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name COLLEEN TUTTLE

Street Address (P.O. Box Number is Not Acceptable)

4175 WOODLANDS PARKWAY

Suite, Apt. #, Etc.

City

PALEMBOR

State

FL

Zip Code

34685

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

Colleen Tuttle

REGISTERED AGENT MUST SIGN

Date

January 28, 2015

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
MGRM	Rudolf Zajac	ul Jozefa Kronera 7112/2 BRATISLAVA, 81105 SK	SLOVAKIA, SK
			S. HAWKES
			MAR 13 A.M.
			EXAMINER

REINSTATEMENT

2010-2015

10. E-mail Address: colleen.tuttle@tampabay.rr.com

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

RUDOLF ZAJAC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 28, 2015

Date Daytime Phone #

Colleen Tuttle 727-420-4106