

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000013770

Entity Name: ARUAS OF AMERICA CORP.

FILED
Nov 06, 2009
Secretary of State

Current Principal Place of Business:

3785 NW 82 AVE.
STE. 302
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

3785 NW 82 AVE.
STE. 302
DORAL, FL 33166

New Mailing Address:

FEI Number: 65-0982578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IDA C. OVIES, C.P.A., P.A.
3785 NW 82 AVE.
SUITE 302
DORAL, FL 33166 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: IDA C. OVIES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVS () Delete
Name: SAURA SOTILLOS, LUCIA
Address: 3785 NW 82 AVE. SUITE 302
City-St-Zip: DORAL, FL 33166

Title: DT () Delete
Name: SAURA SOTILLOS, JORGE ANTONIO
Address: 3785 NW 82 AVE. SUITE 302
City-St-Zip: DORAL, FL 33166

Title: DVP () Delete
Name: SAURA SOTILLOS, JUAN JOSE
Address: 3785 NW 82 AVE. SUITE 302
City-St-Zip: DORAL, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LUCIA SAURA SOTILLOS

DVS

11/06/2009

Electronic Signature of Signing Officer or Director

Date