

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000083015

Entity Name: ARTZE CORPORATION

FILED  
Nov 01, 2013  
Secretary of State

**Current Principal Place of Business:**

4645 NW 95 AVE  
DORAL, FL 331782091 US

**New Principal Place of Business:**

**Current Mailing Address:**

4645 NW 95 AVE  
DORAL, FL 331782091 US

**New Mailing Address:**

FEI Number: 01-0651485      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARCENTALES, FRANCISCO X  
4645 NW 95 AVE  
DORAL, FL 331782091 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: FRANCISCO X ARCENTALES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: ARCENTALES, FRANCISCO X  
Address: 4645 NW 95 AVE  
City-St-Zip: DORAL, FL 331782091 US

Title: SVD  
Name: ARCENTALES, Z. MARIELLA  
Address: 4645 NW 95 AVE  
City-St-Zip: DORAL, FL 331782091 US

Title: S  
Name: ARCENTALES, CLAUDIA M  
Address: 4645 NW 95 AVE  
City-St-Zip: DORAL, FL 331782091 US

Title: T  
Name: ARCENTALES, XAVIER A  
Address: 4645 NW 95 AVE  
City-St-Zip: DORAL, FL 331782091 US

Title: T  
Name: ARCENTALES, ADRIAN G  
Address: 4645 NW 95 AVE  
City-St-Zip: DORAL, FL 331782091 US

I hereby 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 all other like empowered.

SIGNATURE: FRANCISCO X ARCENTALES

Electronic Signature of Signing Officer or Director

PTD

11/01/2013

Date