## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000127173

MISETICH, POOLL

MIAMI, FL 33055

5364 NW 188 STREET

Name:

Address:

City-St-Zip:

Entity Name: ARACELIZ SALES CORP.

FILED Jan 06, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5364 NW 188 STREET MIAMI, FL 33055 **Current Mailing Address: New Mailing Address:** 707 E 9 STREET HIALEAH, FL 33010 FEI Number: 42-1561720 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRUZ, HORTENCIA 5364 NW 188 STREET MIAMI, FL 33055 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: HORTENCIA CRUZ 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CRUZ, HORTENCIA Name: Name: 5364 NW 188 STREET Address: Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: MISETICH, JUAN S Name: 4080 NW 132 STREET BAY O Address: Address: OPA LOCKA, FL 33054 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition MISETICH, IVON A Name: Name: 5364 NW 188 STREET Address: Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip: Title: DT ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: HORTENCIA CRUZ 01/06/2006