OF

## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000011042  1. Entity Name ARENAS INVESTMENTS CORP.							0	•	ILEE : -: <b>7</b> : p	) H 4: 55
Principal Place of Business 9559 COLLINS AVENUE, APT 609 MIAMI BEACH, FL 33154			Mailing Address 9559 COLLINS AVENUE, APT 6 MIAMI BEACH, FL 33154		09	X	S T <i>i</i>	SECRET ALLAM	ARTIK ASSEELF	STATE FLORIDA
2. Principal Place of Business 1801 South Measure Dr. Suite. Apt. #, ACILL # 322			3. Mailing Address 1801 South Treasu Suite, Apt. #, etc.		ine DR,	12052004	NSJAT		58 (670 <u>4)</u>	2004
City & State			City & State	<u> </u>	4. FEI Numl		20 925	<u> </u>		olied For
Zip 331	idl 1	Country USA	Zip 33141	Coun	"YUSA		of Status Desired		\$8.75 Addi Fee Required	
	6. Name	and Address of Current R	egistered Agent		Name	7. Name and	Address of New R	7	gent	
ROUSSO, 3440 HOLL HOLLYWO	_YWOOD	BOULEVARD, SUITE	360			(P.O. Box Numb	Peris Not Acceptable	** DR	the .	558
					City M	Duami		FL	Zip Code	
8. 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. I am familiar with, and accept										
SIGNATURE Signally hood or priviled rams of required when relinstating)  NOTE: Registered Agent signature required when relinstating)										
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00										
10.		OFFICERS AND D	DIRECTORS	11.			/ CHANGES TO OFF			
TITLE NAME	DPS Delete			TITLE NAME			300043 23/04010	<b>51</b> 5		☐ Addition ☐
STREET ADDRESS CITY-ST-ZIP	9559 CO	LLINS AVENUE, APT 60 EACH, FL 33154	9	STR	EET ADDRESS '-ST-ZIP	12/	23/04010		) ***10	0.00
TITLE MAME	DVPT Delete HORTENSIA, ARENAS				E KE				☐ Change	☐ Addition
STREET ADDRESS City-ST-Zip	9559 COLLINS AVENUE, APT 609 MIAMI BEACH, FL 33154				EET ADDRESS (+ST-ZIP				,	
TITLE			☐ Delete	TITL	i				☐ Change	☐ Addition
NAME STREET ADDRESS CTTY-ST-ZIP					EET ADDRESS (-St-ZIP					
TITLE NAME			☐ Delete	III. NAN	1				☐ Change	☐ Addition
STREFT ADDRESS CITY-ST-ZIP				\$TR	EET ADDRESS 7-ST-ZIP				<u></u>	
TITLE NAME			☐ Delete	TITL NAN		1			☐ Change	Addition
STREET ADDRESS CHY-ST-ZIP				STR	EET ADDRESS Y-ST-ZIP					
TITLE NAME			☐ Delete	TITL					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STR	eet address y-st-zip				•	
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Days Days Days Days Days Days Days										

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TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE FIRST NOTICE FOR THE YEAR OF 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

JOHN W KOA PRESIDENT