2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000011042

Entity Name: ARENAS INVESTMENTS CORP.

FILED Sep 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1801 SOUTH TREASURE DR. APT. #322

MIAMI, FL 33141

Current Mailing Address: New Mailing Address:

1801 SOUTH TREASURE DR. PO BOX 398835

APT. #322 MIAMI BEACH, FL 33239 US

MIAMI, FL 33141

FEI Number: 54-2092570 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:

ROA, JOHN W 1801 SOUTH TREASURE DR. APT. #322 MIAMI, FL 33141 US

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: JOHN W. ROA

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: DPS () Delete Title: DPS (X) Change () Addition

 Name:
 ROA, JOHN W
 Name:
 ROA, JOHN W

 Address:
 9559 COLLINS AVENUE, APT 609
 Address:
 PO BOX 398835

City-St-Zip: MIAMI BEACH, FL 33154 City-St-Zip: MIAMI BEACH, FL 33239 US

Title: DVPT () Delete Title: DVPT (X) Change () Addition

Name: HORTENSIA, ARENAS Name: HORTENSIA, ARENAS Address: 9559 COLLINS AVENUE, APT 609 Address: PO BOX 398835

City-St-Zip: MIAMI BEACH, FL 33154 City-St-Zip: MIAMI BEACH, FL 33239 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN W. ROA DPS 09/30/2005