

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000030659

Entity Name: ARB HOLDINGS CH, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

350 SOUTH COUNTY RD.
#102
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

350 SOUTH COUNTY RD.
#102
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMPADARUTH, AMAL
350 SOUTH COUNTY RD.
#102
PALM BEACH, FL 33480 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: AMAL RAMPADARUTH

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: CEO () Delete
Name: RAMPADARUTH, AMAL
Address: 350 SOUTH COUNTY RD., #102
City-St-Zip: PALM BEACH, FL 33480

Title: CFO () Delete
Name: RAMPADARUTH, JADOOMANEE
Address: 350 SOUTH COUNTY RD., #102
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Delete
Name: RAMPADARUTH, ARUNA
Address: 350 SOUTH COUNTY RD., #102
City-St-Zip: PALM BEACH, FL 33480

Title: COO () Delete
Name: RAMPADARUTH, NATALIA
Address: 350 SOUTH COUNTY RD., #102
City-St-Zip: PALM BEACH, FL 33480

Title: VP/D () Delete
Name: DE LENCLOS, ALAIN
Address: 350 SOUTH COUNTY RD., #102
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Delete
Name: DE LENCLOS, MARTINE
Address: 350 SOUTH COUNTY RD., #102
City-St-Zip: PALM BEACH, FL 33480

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:

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: ARUNA RAMPADARUTH

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date