

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT -2 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000061256

1. Corporation Name

ARTURO'S ALL SERVICES, INC.

REINSTATEMENT 02-08
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

701 THREE ISLANDS BLVD

Suite, Apt. #, etc.

#111

City & State

HALLANDALE BEACH

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33009

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/12/2004

5. FEI Number

43-2048998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARTURO BARRIONUEVO

Street Address (P.O. Box Number is Not Acceptable)

701 THREE ISLANDS BLVD

Suite, Apt. #, Etc.

#111

City

HALLANDALE BEACH

State

FL

Zip Code

33009

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/29/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ARTURO BARRIONUEVO	701 THREE ISLANDS BLVD #111	HALLANDALE BEACH FL 33009

000136577620
10/02/08--01038--006 **300.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/29/08

Daytime Phone #