2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000099255

1. Entity Name



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

101 A DM 2: 00

AP/GRUP	O ARCENIO PENA, INC.			06 NOV -2 PM 2: U8	
Principal Place 3 900 W. 97 MIAMI, FL 33	TH STREET STE S83	Mailing Address 3 9 0 0 N.W. 97TH STR MIAMI, FL 33147	EET 572 587	DEMSTATEMENT 06	<u> </u>
2. Principal Place of Business 3		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10302006 REIN-P CR2E098 (11/05)	
City & State		City & State		4. FEI Number Applied For 27-0115662 Not Applical	— €
Zip	Country	Zíp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent	
PIEDRA, AURELIO A 780 NW LEJEUNE RD STE 516 MIAMI, FL 33126			Street Add	EUPOLDO GUTILANAZ Gress (P.O. Box Number is Not Acceptable) S. J. S. W. 138 AVE Abrope Prixes FL Zip Code 33027	7
8. The above the obligati	ons of registered agent.	for the purpose of changing i	ts registered office or re	egistered agent, or both, in the state of Florida. If am familiar with, and acce	1QE
010111101122	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	OTE: Registered Agent signatur	re required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	•
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PD ARSENIO PENA, FRANCISCO	Delete	TITLE NAME STREET ADDRESS		tion
STREET ADDRESS CITY-ST-ZIP	3601 N.W. 97TH STREET		CITY-ST-ZIP	11/07/0601055008 **150.00	
TITLE	VD	Delete	TITLE	Change Addi	ilion
NAME	BATISTA, ESTHER	_ *****	NAME		
STREET ADORESS	3601 N.W. 97TH STREET		STREET ADDRESS		ļ
CITY-S1-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	☐ Change ☐ Addi	ition
TITLE NAME	SD BLANCO, MARLIN	☐ Delete	TITLE NAME		IIIOII
STREET ADDRESS	3601 N.W. 97TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	IIILE NAME STREET ADDRESS CHY-ST-ZIP	. Change Add	ition
TITLE		Delete	TITLE	☐ Change ☐ Add	ilion
NAME			NAME		
STREET ADDRESS			STREET ADDRESS CITY ST-ZIP		
CITY-ST-ZIP		☐ Delete	TIFLE	☐ Change ☐ Add	dition
NAME		L Denic	· NAME		
STREET ADDRESS CITY-ST-ZIP	<i>:</i>		STREET ADDRESS CITY-ST-ZIP		
indicated	d this tonget at a local amontal rong	ort is true and accurate and the impowered to execute this rep	at my signature shall ha ort as required by Chap	Intained in Chapter 119, Florida Statutes. I further certify that the information to the same legal effect as if made under oath; that I am an officer or direct other 607, Florida Statutes; and that my name appears in Block 10 or Block 10.	ICH I
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	_
1	SIGNATURE AND TYPED	ON FRISTED HAME OF BIGHING OFFIC	on omeo (VA	Employee to 1 months of	

October 30, 2006 Miami, Florida

Division of Corporation P.O.Box 1500 Tallahassee, Fl. 32302.1500

RE: Annual Report Year 2006 P04000099255 AP/GRUPO ARCENIO PENA INC

Attached for your record our check by \$150.00 covering the report of the reference.

We never received this report, now we are change our address in order to in the future we can receive all mail on time.

Thank you for your attention to this matter.

Franciscó A Pena

President