

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000025924

1. Entity Name  
ARIENS HOLDING, CORP.



**FILED**  
09 JAN 29 AM 10: 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01202009 REIN-P CR2E098 (1/07)

Principal Place of Business

5582 NE 4 TH COURT  
SUITE 5  
MIAMI, FL 33137

Mailing Address

5582 NE 4 TH COURT  
SUITE 5  
MIAMI, FL 33137

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-2502471

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUEVAS, ANDREW ESQ  
536 BILTMORE WAY  
CORAL GABLES, FL 33134

Name

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

City

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 the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-7-09

DATE

**FILE NOW!!! FEE IS \$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 **DPST** ☐ Delete  
NAME **ALVARADO, ENRIQUE**  
STREET ADDRESS **5582 NE 4TH COURT SUITE 5**  
CITY-STATE-ZIP **MIAMI, FL 33137**

☐ Change ☐ Addition  
**900142418569**  
**01/29/09--01046--014 \*\*300.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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☐ Change ☐ Addition  
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TITLE ☐ Delete  
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☐ Change ☐ Addition  
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☐ Change ☐ Addition  
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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-09

Date

Daytime Phone #

1/30 00