


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

## FILED

07 JUL 25 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P05000139533</b> 1. Entity Name ARM2 DEVELOPMENT CORP	
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Principal Place of Business 1110 BRICKELL AVENUE 505 MIAMI, FL 33131	Mailing Address 1110 BRICKELL AVENUE 505 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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REINSTATEMENT

20-3622999

4. FEI Number Applied For  
Not Applicable

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

<b>6. Name and Address of Current Registered Agent</b>  PRADO, ARNALDO 1110 BRICKELL AVENUE 505 MIAMI, FL 33131	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code
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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: ARNALDO PRADO *Arnaldo Prado* DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P PRADO, ARNALDO <span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
STREET ADDRESS	1110 BRICKELL AVENUE STE 505	STREET ADDRESS	800106695978
CITY- ST- ZIP	MIAMI, FL 33131	CITY- ST- ZIP	07/25/07--01036--003 **308.75
TITLE	VP <span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME	ALMEIDA, MATIAS A	NAME	
STREET ADDRESS	1110 BRICKELL AVENUE STE 505	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33131	CITY- ST- ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- 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: *Arnaldo Prado* *Matias Almeida* Date: 7-16-07 Daytime Phone #: (305) 371-3131

Signature and typed or printed name of signing officer or director Date Daytime Phone #