

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000091267

Entity Name: ARTA KITCHEN DESIGN, INC.

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 961
DUNEDIN, FL 346970961

New Principal Place of Business:

914 HAMMOCK PINE BLVD
CLEARWATER, FL 33761 US

Current Mailing Address:

P.O. BOX 961
DUNEDIN, FL 346970961

New Mailing Address:

P.O. BOX 961
DUNEDIN, FL 346970961 US

FEI Number: 20-5245435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTROWSKI, TOMASZ
914 HAMMOCK PINE BLVD.
CLEARWATER, FL 33761 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: TOMASZ OSTROWSKI

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: D () Delete
Name: OSTROWSKI, TOMASZ
Address: 914 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: OSTROWSKI, KATARZYNA
Address: 914 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: OSTROWSKI, TOMASZ
Address: 914 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP (X) Change () Addition
Name: OSTROWSKI, KATARZYNA
Address: 914 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761 US

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: TOMASZ OSTROWSKI

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date