## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000033225

Entity Name: ARTRENDS, INC

FILED Sep 15, 2009 Secretary of State

Entity Name: ARTRENDS, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
8909 SW 150 PLACE CIRCLE MIAMI, FL 33196 US						
Current Mailing Address:				New Mailing Address:		
8909 SW 150 PLACE CIRCLE MIAMI, FL 33196 US						
FEI Number:	83-0508784	FEI Number Applied For ( )	FEI Number Not A	applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MUNOZ, JULIAN F 8101 SW 72 AVE 202W MIAMI, FL 33143 US				SANCHEZ, JONATHAN 8909 SW 150TH PLACE CIRCLE MIAMI, FL 33196 US		
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: JONATHAN SANCHEZ				09/15/2009		
	Elect	ronic Signature of Registered Ag	jent		Date	
		.193(2)(b), F.S., the corporation did n eing Trust Fund Contribution ( ).	ot receive the prior n	otice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P SANCHEZ, 3 8909 SW 15 MIAMI, FL 3	0 PLACE CIRCLE	Title: Name: Address: City-St-Zi		) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP MUNOZ, JUI 8101 SW 72 MIAMI, FL 3	AVE APT 202W	Title: Name: Address: City-St-Zi	SAMANEZ, CL 8909 SW 150	PLACE CIRCLE	
Title: Name: Address: City-St-Zip:	S SAMANEZ, 0 8909 SW 15 MIAMI, FL 3	0 PLACE CIRCLE	Title: Name: Address: City-St-Zi	· ·	) Change ()Addition	
Title:	т	(X) Delete	Title:	(	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JONATHAN SANCHEZ PRES 09/15/2009

TRASPUESTO, MICHELLE

8420 SW 48 ST

MIAMI, FL 33155 US

Name:

Address:

City-St-Zip: