

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000016937

Entity Name: REMEDI SOLUTIONS, INC.

**FILED**  
**May 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4860 CHALFONT DR  
ORLANDO, FL 32837

**New Principal Place of Business:**

835 MICHIGAN AVE  
#7  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

4860 CHALFONT DR  
ORLANDO, FL 32837

**New Mailing Address:**

835 MICHIGAN AVE  
#7  
MIAMI BEACH, FL 33139

FEI Number: 26-4314697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARTEAGA, RUBEN  
4860 CHALFONT DR  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

ARTEAGA, RUBEN D  
835 MICHIGAN AVE  
#7  
MIAMI BEACH, FL 33139 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: RUBEN ARTEAGA

05/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ARTEAGA, RUBEN D  
Address: 835 MICHIGAN AVE  
City-St-Zip: #7, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: RUBEN ARTEAGA

MR

05/08/2011

Electronic Signature of Signing Officer or Director

Date