

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000023971

Entity Name: ARCONEN GROUP INC

**FILED**  
**Mar 20, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

10045 NW 46 STREET SUITE 108  
DORAL, FL 33178

**New Principal Place of Business:**

1465 NE 123 STREET  
SUITE 414  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

10045 NW 46 STREET SUITE 108  
DORAL, FL 33178

**New Mailing Address:**

1465 NE 123 STREET  
SUITE 414  
NORTH MIAMI, FL 33161

FEI Number: 45-0661951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALZATE, AGUSTIN  
12124 SAINT ANDREWS PL  
SUITE 110  
MIRAMAR, FL 33025 US

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

ALZATE, AGUSTIN  
1465 NE 123 STREET  
SUITE 414  
NORTH MIAMI, FL 33161 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: AGUSTIN ALZATE

03/20/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SR  
Name: ALZATE, AGUSTIN  
Address: 1465 NE 123 STREET SUITE 414  
City-St-Zip: NORTH MIAMI, FL 33161

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: AGUTIN ALZATE

SR

03/20/2013

Electronic Signature of Signing Officer or Director

Date