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FLORIDA DEPARTMENT OF STATE FILEL APPLICATION Katherine Harris JECRETARY OF STATE **FOR** Secretary of State JYISION OF CORPORATIO- . REINSTATEMENT DIVISION OF CORPORATIONS 00 JUN 15 AM 6: 33 **DOCUMENT # P93000053488** 1. Corporation Name Arty Investments Corp. Principal Place of Business Mailing Address 3. Date Incorporated or Qualified 3a. Date of Last Report \*\*\*\* 07/30/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 168 S.E. 1st Street 26 c/o Nelson Slosbergas, Esq. 65-0426285 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 Unit #6 5. Certificate of Status Desired 🔲 27 501 Brickell Key Drive, Suite 400 Fee Required City & State City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be 23 Miami FL 28 Miami FL Added to Fees Zip County Zip County 8. This corporation has liability for intengible tax under s. 199.032, Plorida Statutes Ves No. **24** 33130 20 33131 ☐ Yes 30 ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Nelson Slosbergas, Esq. Jose A. Nuffez Street Address (P.O. Box Number is Not Acceptable) 150 SE 2nd Avenue 82 501 Brickell Key Drive, Suite 400 Suite 604 Miami, FL 33131 83 City Zip Code 84 85 Miami  $\mathbf{FL}$ 33131 11. Pursuant to the provisions of Sections 007.1508, Florida Statutes, the above-named cosporation submits this statement for the purpose of changing its registered office or registered accept or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. Nelson Slosbergas by R.A. Fernandez as attorney-in-fact SIGNATURE at and title if applicable (MOTE: Registered Agent eignature required when reinstating) 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE . Change Addition Fernando C. G. Baldassarri NAME 12 NAME STREET ADDRESS 1.9 STREET ADDRESS 501 Brickell Key Drive, Suite 400 CITY-ST-ZIP Miami, FL 33131 1.4 CTTY-ST-ZIP TITLE ☐ DELETE Change Addition 2 | TTT R Stela R. K. Baldassami NAME 2.2 NAME STREET ADDRESS 501 Brickell Key Drive, Suite 400 2.3 STREET ADDRESS CITY-ST-71P Miami. FL 33131 2.4 CITY-ST-ZIP TITLE □ DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CTTY-ST-ZIP ☐ DELETE TITLE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TTILE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE ☐ Change ☐ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicates on this annual report or applemental annual 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 12 or Block 3, or or state that an address. Fernando Baldassarri by R. Fernandez as attorney-in-fact 6/14/00 305-374-0030 SIGNATURE ATURE AND TYPED OR PRINTED NAME OF GNING OFFICER OR DIRECTOR

## Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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## CORPORATION REINSTATEMENT

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