P98192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 JUN 14 PM 4:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S23984

1. Corporation Name

Armen Investments, Inc.

REINSTATEMENT

11-13 CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
91 West 21st Street	91 West 21st Street
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Hialeah, FL	City & State: Hialeah, FL
Zip: 33010 Country: USA	Zip: 33010 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/09/1991

5. FEI Number: 650364847 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Miguel A. Sempere

Street Address (P.O. Box Number is Not Acceptable): 91 West 21st Street

Suite, Apt. #, Etc.

City: Hialeah State: FL Zip Code: 33010

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06/14/13--01004--011 **1058.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Miguel Sempere Mercedes Sempere
REGISTERED AGENT MUST SIGN

Date: June 12, 2013

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Miguel A. Sempere	91 West 21st Street	Hialeah, FL 33010
D	Mercedes Sempere	91 West 21st Street	Hialeah, FL 33010
D	ARMEN BATMASIAN	116 NW 4th Ave	Boca Raton FL 33432
			JUN 14 2013
			S. PRATHER

10. E-mail Address: msempere@italiantile.net
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Miguel A. Sempere — June 12, 2013 — 305-888-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ARMEN INVESTMENTS, LLC
116 N.W. 4th Avenue
Boca Raton, Florida 33432

May 31, 2013

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Armen Investments, Inc.
Document Number: S23984
Armen Investments, LLC
Document Number: L06000012359

To Whom It May Concern:

Please be advised that my name is Armen Batmasian, and I am the Managing Member of Armen Investments, LLC, Document Number L06000012359. I hereby give permission to Armen Investments, Inc., Document Number: S23984, to reinstate their corporation with the same name.

Thank you.

Very truly yours,

ARMEN INVESTMENTS, LLC,
a Florida limited liability company

By:_____
Armen Batmasian
Managing Member

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