

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000018200

1. Limited Liability Company's Name
3-ARM-Z LLC

800024419158
11/04/03--01062--012 **150.00

2. Principal Office Address 524 Westwood Circle Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State West Palm Beach, FL		City & State		5. Date Organized or Qualified To Do Business in Florida 7/18/02	
Zip 33411	Country USA	Zip	Country	6. FEI Number NONE	
				Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
DONALD L. ARMSEY,

Street Address (P.O. Box Number is Not Acceptable)
524 Westwood Circle

Suite, Apt. #, Etc.

City
West Palm Beach

State
FL

Zip Code
33411

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M	Donald L. Armsey	524 Westwood Circle	WPB, FL 33411

REINSTATEMENT -03
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *Donald L. Armsey* Date 10/3/03 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager **DONALD L. ARMSEY**

CR2E041 (10/02)