


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2013 OCT 14 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** LO6000066642

1. Limited Liability Company's Name  
**ARMAR, L.L.C.**

2. Principal Office Address - No P.O. Box # <b>788 HARBOUR ISLES COURT</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>N PALM BEACH, FL</b>		City & State	
Zip <b>33410</b>	Country <b>US</b>	Zip	Country

CR2E041 (1/11)

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida **06/30/2006**

6. FEI Number <b>205338817</b>	Applied For Not Applicable
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7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**MICHAEL A. LAMPERT, ESQ**

Street Address (P.O. Box Number is Not Acceptable)  
**1655 PALM BEACH LAKES BLVD.**

Suite, Apt. #, Etc.  
**SUITE 900**

City <b>WEST PALM BEACH</b>	State <b>FL</b>	Zip Code <b>33401</b>
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E-mail Address:  
**000251490970**  
**09/06/13--01017--033 \*\*793.75**

**TONY@LAMPERTCO.COM**

(To be used for future annual report notices)

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 8/28/13

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
MGR	ANTHONY E. LAMERT	788 HARBOUR ISLES COURT	N. PALM BEACH, FL 33410

**REINSTATEMENT 09-13**

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. 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 of Managing Member/Manager Anthony Lampert Date 8-28-13 Daytime Phone # 561-307 1962

Typed or printed name of signing Managing Member/Manager ANTHONY E. LAMPERT

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