

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 MAR 10 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L08000021087**

1. Limited Liability Company's Name

ARTELL LLC

600145459946
03/10/09--01038--004 **243.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

4254 NW 37 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

15691 SW 24th St.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIRAMAR, FL

Zip

33147

Country

USA

Zip

33027

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

02/28/2008

6. FEI Number

80-0153756

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Alexander D. Sanchez

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

15691 SW 24th St.

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

03-09-2009

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
MGRM	Alexander D. Sanchez	15691 SW 24th St.	Miramar, FL 33027

REINSTATEMENT 09 AL

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

Date

03-09-09

Daytime Phone #

954 435 2540

Typed or printed name of signing Managing Member/Manager

Alexander D. Sanchez