

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 14 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006869

1. Limited Liability Company's Name

ARPA GROUP, LLC

2. Principal Office Address

1921 SW 84 COURT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33155

Country

MIAMI-DADE

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

JUNE 13, 2000

6. FEI Number

65-1016334

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

PATRICIA M. FITERRE

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

1921 SW 84 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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

[Signature]

REGISTERED AGENT MUST SIGN

Date DEC. 11, 2001

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
man	PATRICIA MARIA FITERRE	1921 SW 84 COURT	MIAMI, FL 33155
man	ARMANDO EDUARDO FITERRE	1921 SW 84 COURT	MIAMI, FL 33155
man	IGNACIO EMILIO FITERRE	1921 SW 84 COURT	MIAMI, FL 33155
man	MARIA A. FITERRE	1921 SW 84 COURT	MIAMI, FL 33155

REINSTATEMENT

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

[Signature]

Date 12/11/01

Daytime Phone # (305) 266-8275

Typed or printed name of signing Managing Member/Manager

PATRICIA MARIA FITERRE