

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REINSTATEMENT 2001

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

ARC STONE III, LLC

L-7761

2. Principal Office Address

3114 TUXEDO AVE

Suite, Apt. #, etc.

City & State

WEST Palm BEACH, FL

Zip

33405

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/1/2000

6. FEI Number

65-1032561

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$50.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MICHAEL F. COIRO

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

3114 TUXEDO AVE

Suite, Apt. #, Etc.

City

WEST Palm BEACH,

State

FL

Zip Code

33405

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

10/12/01

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
PRES.	MICHAEL F. COIRO (MGR)	2176 REGENTS PLACE WEST PALM BEACH, FL 33409	50%
VP	GIUSEPPE CONFORZA (MGR)	170 KNOLL ROAD BOSTON, NJ 07005	50%

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

10/12/01

Daytime Phone #

561 478-8805

Typed or printed name of signing Managing Member/Manager

MICHAEL F. COIRO

CR2E041 (9/01)