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Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0383

From: Angie Calabrese
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

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LIMITED LIABILITY REINSTATEMENT

ARM PROPERTY INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$155.00

Matter #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

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TALLAHASSEE, FLORIDA
01 OCT 10

DOCUMENT # L00000014846

1. Limited Liability Company's Name

ARM PROPERTY INVESTMENTS, LLC

2. Principal Office Address		**3.** Mailing Office Address	
1150 NW 163 DR..		1150 NW 163 DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FLORIDA		MIAMI, FLORIDA	
Zip	Country	Zip	Country
33169	USA	33169	USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12/01/2000

6. FEI Number: Applied For [X] Not Applicable [ ]

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: AMERICAN INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): ONE S.E. 3RD AVENUE

Suite, Apt. #, Etc.: 28TH FLOOR

City: MIAMI State: FL Zip Code: 33131

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: By Angelica M. Calabrese, Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 10/10/01

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
MM	ALBERT R MOLINA, JR.	1150 NW 163 DR.	MIAMI, FLORIDA 33169

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 608.508, 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: X Albert R Molina Jr. Date: 10/10/01 Daytime Phone#: (305)532-1096

Typed or printed name of signing Managing Member/Manager: