

# L01000010492

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 MAR 24 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L01000010492

**1. Limited Liability Company's Name**

KING HENRY ARMS, LLC

**2. Principal Office Address**

543 Breakers Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

**3. Mailing Office Address**

543 Breakers Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

**4. State/Country of Formation**

Florida/USA

**5. Date Organized or Qualified  
To Do Business in Florida**

6/27/2001

**6. FEI Number**

☒ Applied For  
☐ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED ☐**

\$5.00 Additional Fee required  
for a Certificate of Status

900014551889  
03/24/03--01052--013 \*\*200.00

**8. Name and Address of Current Registered Agent**

Name

Robert N. DeBenedictis

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

543 Breakers Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale, FL

State

FL

Zip Code

33304

**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 2/21/03

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
MGRM	Robert N. DeBenedictis	1164 E Oakland Park Blvd	Ft Lauderdale, FL 33334
MGRM	Paul Galluccio	1164 E Oakland Park Blvd	Ft Lauderdale, FL 33334

**REINSTATEMENT** 02/03  
Dec

**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 2/21/03

Daytime Phone 954-563-7062

Typed or printed name of signing Managing Member/Manager Robert N. DeBenedictis

CR2E041 (10/02)