PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 22 PM 3:10

DOCUMENT # L02000003731

1. Limited Liability Company's Name
ARCHWAY CAPITAL GROUP,LLC

2. Principal Office Address		3. Mailing Office Address	
1124 ELMWOOD ST.		1124 ELMWOOD ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO		City & State: ORLANDO	
Zip: 32801	Country: USA	Zip: 32801	Country:

4. State/Country of Formation: FLORIDA,USA

5. Date Organized or Qualified To Do Business in Florida: 02/15/2002

6. FEI Number: 45-0468440 ☐ 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: MICHAEL RILEY

Street Address (P.O. Box Number is Not Acceptable): 5728 MAJOR BLVD

Suite, Apt. #, Etc.: 200

City: ORLANDO | State: FL | Zip Code: 32819

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: Michael R Date: 1/7/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	RICHARD PERMAN	1124 ELMWOOD ST.	ORLANDO,FL 32801
		$031689000341	
		06/13/03 90005-033	
			50.00
	REINSTATEMENT 03		
Mailed 2004 AR			

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: Richard Perman Date: 1-07-04 Daytime Phone #: 321-689-1337

Typed or printed name of signing Managing Member/Manager: RICHARD PERMAN

Dear Ms. Cushing 1-12-04

We spoke on the phone last week about my LLC Documents that were returned to me for signature from me and the registered agent. Those papers were lost in the return mail. My ABR check was cashed on or about 6-2003. Please reinstate my LLC with these papers.

Sincerely

Pete Allen

321-689-1337