PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # *L0200006553*

1. Limited Liability Company's Name

ARCHITECTURAL RESOURCE AFFILIATES, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
5022 Sun Circle	5022 Sun Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Sarasota, Florida	Sarasota, Florida

Zip	Country	Zip	Country
34234	USA	34234	USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 3/20/2002

6. FEI Number 030418601   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 J. GEOFFREY PFLUGNER

Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET

Suite, Apt. #, Etc. SUITE 600

City	State	Zip Code
SARASOTA	FL	34237

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 _____ REGISTERED AGENT MUST SIGN   Date AUGUST 14, 2006

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
MGR	TERRY GREEN	5022 SUN CIRCLE	SARASOTA, FL 34234
			500079214596 09/29/06--01019--021 **250.00
		REINSTATEMENT 04-06	

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 8/14/06   Daytime Phone # 941-359-1815

Typed or printed name of signing Managing Member/Manager TERRY GREEN