PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 8: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO2000018200

1. Limited Liability Company's Name

3-ARM-Z LLC

800024419158
11/04/03--01062--012 **150.00

2. Principal Office Address	**3.** Mailing Office Address
524 Westwood Circle	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 7/18/02

City & State	City & State
West Palm Beach, FL	

6. FEI Number
NONE

| Applied For |
| Not Applicable |

Zip	Country	Zip	Country
33411	USA		

7. CERTIFICATE OF STATUS DESIRED ☐

$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
DONALD L. ARMSEY,

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

Suite, Apt. #, Etc.

City	State	Zip Code
West Palm Beach	FL	33411

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 _____

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
M	Donald L. Armsey	524 Westwood Circle	WPB, FL 33411
'			
'			

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 10/3/03 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager DONALD L. ARMSEY