

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 17 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000019969

1. Limited Liability Company's Name

ARMITAL LLC

2. Principal Office Address

705 HUBBEL ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BRADENTON FLORIDA

City & State

Zip

34208

Country

MANATEE

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8-6-02

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

500036523725
05/17/04--01081--006 **200.00

8. Name and Address of Current Registered Agent

Name

PIERRE ABADJIAN

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

705 HUBBEL ROAD

Suite, Apt. #, Etc.

City

BRADENTON

State
FL

Zip Code
34208

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 5-14-04

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	PIERRE ABADJIAN	705 HUBBEL ROAD	BRADENTON, FL 34208

REINSTATEMENT

2003-2004

JB

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

[Signature]

Date 5-14-04

Daytime Phone # 941-545-4005

Typed or printed name of signing Managing Member/Manager