

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000027333

Name and Mailing Address

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ARNO, LLC

3671 NORTH DIXIE HIGHWAY
POMPANO BEACH FL 33064-4413



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/15/2002	
Principal Place of Business 3671 NORTH DIXIE HIGHWAY POMPANO BEACH FL 33064	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ARONE, NICK 3671 NORTH DIXIE HIGHWAY POMPANO BEACH FL 33064		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 Nick Arone **SIGNATURE REQUIRED** Date 12/12/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Nick Arone	RR3 Box 3019	Harveys Lake, PA 18618
			200025533842 12/16/03--01072--003 **150.00

REINSTATEMENT 2003

12. 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 Nick Arone **SIGNATURE REQUIRED** Date 12/12/03 Daytime Phone # 570-638-2028
Typed or printed name of signing Managing Member/Manager