

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 DEC 15 AM 9:23

DOCUMENT # L03000024697

1. Limited Liability Company's Name

ARKMISS, LLC

900082583789  
12/18/06--01006--001 #\*205.00

CR2E041 (8/05)

2. Principal Office Address  
36474 EMERALD COAST PKWY 4705 SOMERS AVE.

Suite, Apt. #, etc.  
SUITE 4202

City & State  
DESTIN, FL

Zip Country  
32541 USA

3. Mailing Office Address  
4705 SOMERS AVE.

Suite, Apt. #, etc.

City & State  
NORTH LITTLE ROCK, AR

Zip Country  
72116 USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified To Do Business in Florida 7/8/2003

6. FEI Number  
02-0697671

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  
DEWITT M. LOVELACE SR.  
Street Address (P.O. Box Number is Not Acceptable)  
36474 EMERALD COAST PKWY  
Suite, Apt. #, Etc.  
SUITE 4202  
City  
DESTIN

State Zip Code  
FL 32541

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  
De Witt Lovelace

Date 12/14/06

REGISTERED AGENT MUST SIGN

**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	DEWITT LOVELACE	36474 EMERALD COAST PKWY	DESTIN, FL 32541
MGRM	TAB TURNER	4705 SOMERS AVE.	NORTH LITTLE ROCK, AR 72116

REINSTATEMENT 05-06

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  
TAB TURNER

Date 12/14/06 Daytime Phone# (501) 791-2277

Typed or printed name of signing Managing Member/Manager  
TAB TURNER