PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 NOV -2 AM 11:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000032839

1. Limited Liability Company's Name

ARILG ELECTRONICS CO., LLC

2. Principal Office Address	**3.** Mailing Office Address
4022 W. [illegible] AVE	4022 W. [illegible] AVE
Suite, Apt. #, etc. GRANADA	Suite, Apt. #, etc. GRANADA
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33629 Country: USA	Zip: 33629 Country: USA

4. State/Country of Formation: USA

5. Date Organized or Qualified To Do Business in Florida: 08/29/2003

6. FEI Number: NONE — ☐ 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: OBERMAIER, JAVIER

Street Address (P.O. Box Number is Not Acceptable): 4022 W. [illegible] AVE

Suite, Apt. #, Etc.: GRANADA

City: TAMPA State: FL Zip Code: 33629

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: 10/18/04

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
MGR	SERRANO, JUAN I.	4022 W. [illegible] AVE	TAMPA, FL 33629
		4022 W. GRANADA AVE	
			000042408526 11/02/04--01072--002 **155.00
	REINSTATEMENT 2004		

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: 10-15-04 Daytime Phone#: (813)-376-1223

Typed or printed name of signing Managing Member/Manager: JUAN I. SERRANO