

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 22 AM 8:22

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 03000041926**

1. Limited Liability Company's Name

**Affirmative Arco Management Group,
LLC**

2. Principal Office Address

4 Executive Blvd.

Suite, Apt. #, etc.

Suite 100

City & State

SUFFERN, NY

Zip

10901

Country

USA

3. Mailing Office Address

4 Executive Blvd

Suite, Apt. #, etc.

Suite 100

City & State

SUFFERN, NY

Zip

10901

Country

USA

500062131985
12/13/05--01071--002 **200.00
CR2E041 (8/05)

4. State/Country of Formation

NEW YORK, USA

**5. Date Organized or Qualified
To Do Business in Florida**

10/23/03

6. FEI Number

55-0832642

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

PAUL C. JUBERT

Street Address (P.O. Box Numbers Not Acceptable)

402 GATION AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32806

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

Paul C. Jubert
REGISTERED AGENT MUST SIGN

Date **11-21-05**

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	Dakota Court Partners, LLC	4 Executive Blvd Suite 100	SUFFERN, NY 10901
M	AAJP Management, LLC	161 Ave. of the Americas 13th Floor	New York, NY 10013

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

Jeffrey P. Goldstern

Date **11/10/05**

Daytime Phone# **845-368-2400**

Typed or printed name of signing Managing Member/Manager

Jeffrey P. Goldstern