

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000056692

Entity Name: AR3 INVESTMENTS, LLC

**FILED**  
**Oct 31, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

4922 CHARITON AVENUE  
TAMPA, FL 33603

**New Principal Place of Business:**

114 LOCUST DRIVE  
BRANDON, FL 33511

**Current Mailing Address:**

PO BOX 82676  
TAMPA, FL 33682

**New Mailing Address:**

114 LOCUST DRIVE  
BRANDON, FL 33511

FEI Number: 92-0180284      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

REEVES, ALLEN N III  
4922 CHARITON AVENUE  
TAMPA, FL 33603    US

**Name and Address of New Registered Agent:**

REEVES, ALLEN N III  
114 LOCUST DRIVE  
BRANDON, FL 33511    US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALLEN N. REEVES III

10/31/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: REEVES, ALLEN N III  
Address: 4922 CHARITON AVENUE  
City-St-Zip: TAMPA, FL 33603

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: REEVES, ALLEN N III  
Address: 114 LOCUST DRIVE  
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALLEN N. REEVES III

MGRM

10/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date