PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT DIVI					TMENT OF STATE y of State orporations		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 JAN -8 AM 8: 06		
DOCUMENT #L0400000726 1. Limited Liability Company's Name Earl M Armes LLC						d /			
				Office Address Conference Rd		State/Cour	CR2E041 (8/05)		
Suite, Apt. #, etc. Suite, Apt.				ł, etc.		State/Country of Formation Florida/USA 5. Date Organized or Qualified To Do Business in Florida 08/27/04			
City & State Canto	nt, FL	City & State Canton	city & State Cantonment, FL			4 7 0 8 8 6 1 8 1 Applied For Not Applicable			
32533	3	Country USA	32533		Country USA	7. CERTIFICATE	E OF STATUS DESIRED 55.00 Additional Fee require for a Certificate of Status		
8. Name and Address of Current Registered Agent									
	Earl M Armes Street Address (P.O. Box Number is Not Acceptable) 1075 Conference Rd Suite, Apt. #. Etc. City Cantonment					100082641021 01/12/07-01011-009 **165 00 State Zip Code FL 32533			
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									
10. Name	10. Names and Street Addresses of Managing Members/Managers								
Tittes	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager			City / State / Zip		
MGR	R Earl M Armes			1075 Conference Rd			Cantonment, FL 32533		
				8.1 81.1			10082541021 10082541021 100 863 017 ***155.00		
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									
Typed or printed name of signing Managing Member/Manager Earl M Armes									