L04000048694

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 22 PM 1:19

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CR2E041 (11/09)

DOCUMENT # L04000048694

1. Limited Liability Company's Name

Arnl Realty Group, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2600 S Douglas Rd	2600 S Douglas Rd
Suite, Apt. #, etc. PH-6	Suite, Apt. #, etc. PH-6
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134 Country U.S.	Zip 33134 Country U.S.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 6/29/2004

6. FEI Number: 20-1333708 ☐ 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: Jose I. Padial

Street Address (P.O. Box Number is Not Acceptable): 2600 S Douglas Rd

Suite, Apt. #, Etc.: PH-6

City: Coral Gables State: FL Zip Code: 33134

BK

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 _____ Date 11/19/10

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
MGR	Tomas Lucero	2600 S Douglas Rd PH-6	Coral Gables FL 33134
MGR	Freddy Ricardo	same as above	same as above
MGR	Julio Nogueira	same as above	same as above
MGR	Juan Araujo	same as above	same as above
	REINSTATEMENT 2005-2010		

11. E-mail Address: JPADIAL@JPCPA.COM
(To be used for future annual report notifications)

12. 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 608.408, 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 (X) Juan V Araujo Date 11/19/10 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____