

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 OCT 25 AM 10:22

LIMITED LIABILITY
 COMPANY
 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L04000062921

1. Limited Liability Company's Name

ARCO INVESTMENT PROPERTIES LLC
 1629 MAUNA KEA COURT
 GULF BREEZE FL 32563

2. Principal Office Address

1629 MAUNA KEA COURT

3. Mailing Office Address

1629 MAUNA KEA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULF BREEZE FL

City & State

GULF BREEZE FL

Zip

32563

Country

Zip

32563

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

08-23-2004

6. FEI Number

86-1115308

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

ROGER A. CREAGER

Street Address (P.O. Box Number is Not Acceptable)

1629 MAUNA KEA COURT

Suite, Apt. #, Etc.

City

GULF BREEZE

State

FL

Zip Code

32563

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

ROGER A. CREAGER
 REGISTERED AGENT MUST SIGN

Date

10/19/06

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
MGRM	ROGER A. CREAGER	1629 MAUNA KEA COURT	GULF BREEZE FL 32563
MGRM	CONSTANCE M. CREAGER	1629 MAUNA KEA COURT	GULF BREEZE FL 32563

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REINSTATEMENT
 05-06

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

ROGER A. CREAGER

Date

10/19/06

Daytime Phone #

850-934-1194

Typed or printed name of signing Managing Member/Manager

ROGER A. CREAGER