

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -5 AM 11:20

REINSTATEMENT 2008-10-20

000172549210
03/18/10--01038--023 **521.25

CR2E041 (11/09)

DOCUMENT # **LD4-76438**

1. Limited Liability Company's Name

A.R.M. PROPERTY MANAGEMENT, LLC

2. Principal Office Address - No P.O. Box #

350 S MIAMI AVE.

3. Mailing Office Address

CCS 87327

Suite, Apt. #, etc.

UNIT # 1507

Suite, Apt. #, etc.

P.O. BOX 025323

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33130

Country

USA

Zip

33102-5323

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

10/21/2004

6. FEI Number

260102096

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

RAFAEL A. RIERA

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

350 S MIAMI AVE.

Suite, Apt. #, Etc.

UNIT # 1507

City

MIAMI

State

FL

Zip Code

33130

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **03/08/2010**

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	RAFAEL A. RIERA	350 S MIAMI AVE, UNIT #1507	MIAMI, FL 33130
MGR	LAURA ZECCHINI DE RIERA	350 S MIAMI AVE, UNIT #1507	MIAMI, FL 33130
MGR	ANDRES RIERA ZECCHINI	350 S MIAMI AVE, UNIT 1507	MIAMI, FL 33130
MGR	ANABEL RIERA ZECCHINI	350 S MIAMI AVE, UNIT 1507	MIAMI, FL 33130

11. E-mail Address: **riera.alexandro@gmail.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 608.406, 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

[Signature]

Date **03/08/2010**

Daytime Phone # **+58 (414) 327-7344**

Typed or printed name of signing Managing Member/Manager