


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -9 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **L040000808204**

1. Limited Liability Company's Name
Archvida Realty and Consulting Services, LLC

2. Principal Office Address 750 S Orange Blossom Tr Suite, Apt. #, etc. 44 City & State Orlando Florida Zip 32805 Country US		3. Mailing Office Address PO Box 690371 Suite, Apt. #, etc. City & State Orlando Florida Zip 32809 Country US	
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4. State/Country of Formation **Florida US**

5. Date Organized or Qualified To Do Business in Florida **11/8/07**

6. FEI Number 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 **Loretta Tarlbert**

Street Address (P.O. Box Number is Not Acceptable) **611 N Tampa Avenue**

Suite, Apt. #, Etc.

City **Orlando** State **FL** Zip Code **32805**

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 **Loretta Tarlbert** Date **11/8/07**

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
P	Loretta Tarlbert	611 N Tampa Ave	Orlando, FL 32805
MOR	Albert Grace	5512 Clainda St	Orlando, FL 32811
MOR	A Yonia Frick	7701 Perugia Ave	Orlando, FL 32819

REINSTATEMENT 06-07 AL

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 **Loretta Tarlbert** Date **11/8/07** Daytime Phone # **407-446-2179**

Typed or printed name of signing Managing Member/Manager **Loretta Tarlbert**