

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000032593

1. Limited Liability Company's Name

ARC INVESTORS, LLC

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

4770 Biscayne Blvd

Suite, Apt. #, etc.

Ste 1400

City & State

Miami, Florida

Zip

33137

Country

U.S.

3. Mailing Office Address

4770 Biscayne Blvd

Suite, Apt. #, etc.

Ste 1400

City & State

Miami, Florida

Zip

33137

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/04/2005

6. FEI Number

20 - 2919042

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

Alan S. Walters

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

4770 Biscayne Blvd.

Suite, Apt. #, Etc

Suite 640

City

Miami

State

FL

Zip Code

33137

☐ 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

Alan S. Walters

REGISTERED AGENT MUST SIGN

Date 3/17/10

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	Russell W. Galbut	2200 Biscayne Blvd.	Miami, Florida 33137
Mgrm	Abraham A. Galbut	4770 Biscayne Blvd., Ste 640	Miami, Florida 33137

REINSTATEMENT 06-10

11. E-mail Address: awalters@hudcap.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

Abraham A. Galbut

Date 3/17/10

Daytime Phone # (305) 672-3100

Typed or printed name of signing Managing Member/Manager

Abraham A. Galbut

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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