

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN 20 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L10000097596**

1. Limited Liability Company's Name **LO3000032596**

ARB INVESTORS, LLC

800191775778
01/18/11--01057--015 **798.75

CR2E041 (1/11)

07-11

2. Principal Office Address - No P.O. Box # 1801 Collins Avenue		3. Mailing Office Address 4770 Biscayne Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1400	
City & State Miami Beach, Florida		City & State Miami, Florida	
Zip 33139	Country U.S.	Zip 33139	Country U.S.

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida April 4, 2005	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Alan S. Walters, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 4770 Biscayne Blvd.			
Suite, Apt. #, Etc. 640			
City Miami	State FL	Zip Code 33137	

E-mail Address:
awalters@hudcap.com
(To be used for future annual report notices)

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 **1/14/2011**
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
MGRM	Russell W. Galbut	2200 Biscayne Blvd	Miami, Florida 33137
MGRM	Ronalee Galbut	2200 Biscayne Blvd	Miami, Florida 33137
MGRM	Abraham A. Galbut	4770 Biscayne Blvd., Suite 1400	Miami, Florida 33137
MGRM	Nancy Galbut	4770 Biscayne Blvd., Suite 1400	Miami, Florida 33137

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager  Date **1/14/2011** Daytime Phone # **305-674-4848**

Typed or printed name of signing Managing Member/Manager **Abraham A. Galbut**