

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 30 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO5000116966

1. Limited Liability Company's Name

ARNOLD BYRNE LLC

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

423 ALL SAINTS ST.

Suite, Apt. #, etc.

Unit 1

City & State

TALLAHASSEE, FL

Zip

32301

Country

USA

3. Mailing Office Address

PO Box 15684

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32317

Country

USA

4. State/Country of Formation

FL, Leon, USA

5. Date Organized or Qualified
To Do Business in Florida

12/07/2005

6. FEI Number

none

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

John C. Byrne III

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

423 All Saints St.

Suite, Apt. #, Etc.

Unit 1

City

Tallahassee,

State

FL

Zip Code

32301

☒ 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 Sept 30, 2009

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
<u>MAN</u>	<u>John Corrigan Byrne III</u>	<u>423 All Saints St. Unit 1</u>	<u>Tallahassee, FL 32301</u>
			<u>100161180761</u>
			<u>09/30/09--01018--018 **416.25</u>

REINSTATEMENT 2006-09

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

[Signature]

Date 9/30/2009

Daytime Phone #

850 222-0665

Typed or printed name of signing Managing Member/Manager