

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -9 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400171666424
03/09/10--01022--023 **416.25
CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name

Arbors Venture, LLC
L05000117578

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

c/o Robert Lewis

Suite, Apt. #, etc

136 Augusta Drive

City & State

Deerfield IL

Zip

60015

Country

US

3. Mailing Office Address

c/o Eric Zeitlin

Suite, Apt. #, etc.

515 E. Las Olas Blvd.
15th Floor

City & State

Fort Lauderdale, FL

Zip

33301

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/8/2005

6. FEI Number

20-3907917

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

Dan P. Heller

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

3250 Mary Street

Suite, Apt. #, Etc

Suite 102

City

Coconut Grove

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date

2-24-10

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
MGR	Eric P. Zeitlin	515 E. Las Olas Blvd, 15th Floor	Fort Lauderdale, FL 33301

REINSTATEMENT 08-10

11. E-mail Address: ezeitlin@provwealth.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

Date

3/1/10

Daytime Phone #

561-789-0276

Typed or printed name of signing Managing Member/Manager