

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000021767

Entity Name: ARCAFOAM DESIGNS LLC

FILED  
Oct 19, 2007  
Secretary of State

**Current Principal Place of Business:**

5170 CENTRAL SARASOTA PARKWAY  
STE 103  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

5170 CENTRAL SARASOTA PARKWAY  
STE 103  
SARASOTA, FL 34238

**New Mailing Address:**

FEI Number: 20-4408989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMITH, TIMOTHY  
5170 CENTRAL SARASOTA PKWY  
STE 103  
SARASOTA, FL 34238 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIMOTHY SMITH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: RISHI, PUNKAJ  
Address: 5170 CENTRAL SARASOTA PKWY  
City-St-Zip: SARASOTA, FL 34238 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: SMITH, TIMOTHY  
Address: 5170 CENTRAL SARASOTA PKWY  
City-St-Zip: SARASOTA, FL 34238 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TIMOTHY SMITH

MGRM

10/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date