

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JUN 25 AM 8:16

DOCUMENT # L06000025478

1. Limited Liability Company's Name

AR Services of Florida, LLC

CR2E041 (1/11)

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

1282 Garden Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 309

Suite, Apt. #, etc.

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

3/9/2006

6. FEI Number

20-4456646

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

City & State

LaBelle, FL

Zip

33935

Country

US

City & State

LaBelle, FL

Zip

33975

Country

US

8. Name and Address of Current Registered Agent

Name

Adrian Ramirez

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

1282 Garden Street

Suite, Apt. #, Etc.

City

LaBelle, FL

State

FL

Zip Code

33935

E-mail Address:

800249222568

06/25/13--01024--014 **733.75

PRS of South Florida Ocmbar@mail.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

Adrian Ramirez

Date

6/24/13

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
MGR	Adrian Ramirez	1282 Garden Street	LaBelle, FL 33935
	REINSTATEMENT		

JUN 28 2013

R. HUNT

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

Adrian Ramirez

Date

6/24/13

Daytime Phone # 863-235-1611

Typed or printed name of signing Managing Member/Manager