

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 14 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **406-28102**

1. Limited Liability Company's Name

Arda, LLC

400128365044
05/05/08--01019--006 **277.50

CR2E041 (12/07)

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

5034 23rd Av. N.

Suite, Apt. #, etc.

3. Mailing Office Address

5034 23rd Av. N.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33710

Country

USA

Zip

33710

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/16/06

6. FEI Number

83-0451991

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

T. Samantha Chechele

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

5625 Central Avenue

Suite, Apt. #, Etc.

City

St. Petersburg, FL

State

FL

Zip Code

33710

☒ 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

T. Chechele
REGISTERED AGENT MUST SIGN

Date

4/13/08

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
MGM	William C. Keller	5034 23rd Av. N.	St. Petersburg, FL 33710

REINSTATEMENT 2007, 2008

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

W. Keller

Date 4/15/08

Daytime Phone # 352-682-7444

Typed or printed name of signing Managing Member/Manager William C. Keller