

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 SEP 24 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000044668

1. Limited Liability Company's Name

CLAUDIA ARCE, LLC

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

10796 PINES BLVD

Suite, Apt. #, etc.

SUITE 204

City & State

PEMBROKE PINES

Zip

33026

Country

USA

3. Mailing Office Address

10796 PINES BLVD

Suite, Apt. #, etc.

SUITE 204

City & State

PEMBROKE PINES

Zip

33026

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

05/01/2206

6. FEI Number

20-4782833

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

MOYAL PATRICK

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

10796 PINES BLVD

Suite, Apt. #, Etc.

SUITE 204

City

PEMBROKE PINES

State

FL

Zip Code

33026

☒ 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

*Patrick Moyal*  
REGISTERED AGENT MUST SIGN

Date 09/18/2008

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
MGRM	CLAUDIA ARCE	10796 PINES BLVD SUITE 204	PEMBROKE PINES, FL 33026
			700136304577 09/24/08--01027--007 **277.50
			07-08

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

*Claudia Arce*  
CLAUDIA ARCE

Date 09/18/2008

Daytime Phone # 786-413-4982

Typed or printed name of signing Managing Member/Manager