

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000050887

1. Limited Liability Company's Name

Archie Pup Investments LLC

FILED

10 JUL 22 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300183563833
07/22/10--01036--009 **655.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # <u>15214 SW 19ST</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>N/A</u>		Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State <u>FL</u>	
Zip <u>33027</u>	Country <u>Broward</u>	Zip <u>FL</u>	Country <u>FL</u>

4. State/Country of Formation <u>Florida, USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>5/17/2006</u>	
6. FEI Number <u>N/A</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>Jose Alfonso</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>15214 SW 19ST</u>			
Suite, Apt. #, Etc. <u>N/A</u>			
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33027</u>	

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 7/13/10

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
<u>Manager</u>	<u>Jose Alfonso</u>	<u>15214 SW 19ST</u>	<u>Miami, FL 33027</u>

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11. E-mail Address: _____

(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

[Signature]

Date

7/13/10

Daytime Phone #

786-436-6536

Typed or printed name of signing Managing Member/Manager