

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2013 OCT 14 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO60000066642**

1. Limited Liability Company's Name

ARMAR, L.L.C.

CR2E041 (1/11)

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

788 HARBOUR ISLES COURT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N PALM BEACH, FL

City & State

Zip

33410

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

06/30/2006

6. FEI Number

205338817

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

MICHAEL A. LAMPERT, ESQ

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

1655 PALM BEACH LAKES BLVD.

Suite, Apt. #, Etc.

SUITE 900

City

WEST PALM BEACH

State

FL

Zip Code

33401

E-mail Address:

000251490970
09/06/13--01017--033 **793.75

TONY@LAMPERTCO.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

REGISTERED AGENT MUST SIGN

Date

8/28/10

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
MGR	ANTHONY E. LAMERT	788 HARBOUR ISLES COURT	N. PALM BEACH, FL 33410

REINSTATEMENT 09-13

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

Anthony Lampert

Date

8-28-13

Daytime Phone #

561-307 1962

Typed or printed name of signing Managing Member/Manager **ANTHONY E. LAMPERT**

N. Outigan **OCT 14 2013**