PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED JAN 10 PH 12: 25		
DOCUMENT #  1. Limited Liability Company's Name DOCO02885			SECRETARY OF STATE. FABOAHASSEE FRORIDA		
ARNOLD ENTER	2PRISE OF OCALA				
2. Principal Office Address - No P.O. Box# 3.	Mailing Office Address		CR2E041 (12/13)		
5500 SW 42nd PL 5500 SW 42nd PL Suite, Apt. #, etc.		4. State/Country of Formation FLounda / USA			
City & State Cit	y & State		nized or Qualified iness in Florida		
OCALA, FL Zip Country Zip	Ft OCALA, FL		8 18 77 0 7 Applied F		
34474 USA 3	4474 MARION	7. CERTIFICATE	SOF STATUS DESIRED \$5.00 Additional Fee related for a Certificate of States		
8. Name and Address of Current Registered Agent			800295497578		
TRIDIU NI. SAHA			- 01/10/1401030007 **377.50		
Street Address (P.O. Box Number is Not Acceptable)  5500 SW 42nd PL					
Suite, Apt. #, Etc.			meslen. Kidshealtho		
City OCALA	State Zip Code FL 34474	_^^^_A (To be	e used for future annual report notice	_	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent	TERED AGENT MUST SIGN			<u> </u>	
10. Names and Addresses of Each Person Authorized to	manage the Limited Liability Company				
Titles AMBR/MGR Name of Authorized Person	Street Address of Each Authorize	ed Person	City / State / Zip		
MER TRIDIU N.SA	HA 5500 SW422	BC.	DCALA PL.344	74	
			WAN 1 3 2014		
			L. SELLERS		
	REINSTAT	EMI	NT 2013-2014		
I certify that I am an authorized person empowered to a the reason for dissolution has been eliminated, the limi company have been paid. The information indicated or aware that false information submitted in a document to	ited liability company name satisfies the requirement n this application is true and accurate, and my signa	ts of Chapter 60! ture shall have th	<ol> <li>F.S., and that all fees owed by the limited liability he same legal effect as if made under oath. I am</li> </ol>		

Signature of Authorized Person

Typed or printed name of signing Authorized Person