

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L07000055311**

1. Limited Liability Company's Name

Arias Development, LLC

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

6905 North Wickham Rd

Suite, Apt. #, etc.

201

City & State

Melbourne FL

Zip

32940

Country

USA

3. Mailing Office Address

6905 N. Wickham Rd

Suite, Apt. #, etc.

201

City & State

Melbourne, FL

Zip

32940

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

5/24/2007

6. FEI Number

26-0233380

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

Sun Deukmedjian

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

6905 N. Wickham Rd

Suite, Apt. #, Etc

201

City

Melbourne

State

FL

Zip Code

32940

☐ 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

[Signature]

Date **11/30/09**

REGISTERED AGENT MUST SIGN

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	Ara Deukmedjian	6905 N. Wickham Rd. Suite 201	Melbourne, FL 32940
MGRM	Sun Deukmedjian	6905 N. Wickham Rd. Suite 201	Melbourne, FL 32940

REINSTATEMENT 08, 09

11. E-mail Address: **sun@deukspine.com**

(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 **11/30/2009**

Daytime Phone #

321-593-2538

Typed or printed name of signing Managing Member/Manager

Sun Deukmedjian