

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY -5 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000102282
1. Limited Liability Company's Name
ARTO Group LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # <u>143 17 Miramar Pkwy</u>		3. Mailing Office Address <u>13200 W. Dixie Hwy.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>M. Miami FL</u>	
City & State <u>MIRAMAR, FL</u>		City & State	
Zip <u>33027</u>	Country <u>Broward</u>	Zip <u>33161</u>	Country <u>DADE</u>

4. State/Country of Formation <u>FLA USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>11-1-07</u>	
6. FEI Number <u>41-2254957</u>	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>JAMAL MARZOUKA</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>971 NE 181 ST.</u>			
Suite, Apt. #, Etc. <u>North Mia. Beach.</u>			
City	State <u>FL</u>	Zip Code <u>33162</u>	

\$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 Jamal Marzouka Date 4-29-09
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
<u>MGR</u>	<u>JAMAL MARZOUKA</u>	<u>971 NE 181 ST</u>	<u>N. M. B. FL 33162</u>
	<u>Joseph MARZOUKA</u>	<u>5580 SW. 162nd Ave</u>	<u>S.W. Ranch FL 33331</u>
	<u>ARTURO PAZ</u>	<u>13640 SW 19th St</u>	<u>Miramar, FL 33027</u>

REINSTATEMENT 08-09
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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 608.408, 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 Jamal Marzouka Date 4-29-09 Daytime Phone # 305-891-7777
Typed or printed name of signing Managing Member/Manager JAMAL MARZOUKA