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To:
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From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
ARRIOLA BANCSHARE HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

N. Culligan OCT 10 2011

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # L09000061216

1. Limited Liability Company's Name

ARRIOLA BANCSHARE HOLDINGS LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1516 CERTOSA AVENUE	1516 CERTOSA AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33146 Country:	Zip: 33146 Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 06/23/2009

6. FEI Number: ☐ 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: CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable): 11380 PROSPERITY FARMS ROAD #221E

Suite, Apt. #, Etc.:

City: PALM BEACH GARDENS State: FL Zip Code: 33410

E-mail Address:

eddy.arriola@apollobank.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 Valerie Hawk-Donohue, Special Secretary Date 10/7/2011

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	EDUARDO ARRIOLA	1516 CERTOSA AVENUE	CORAL GABLES FL 33146
MGRM	JOSE ARRIOLA	1516 CERTOSA AVENUE	CORAL GABLES FL 33146
	REINSTATEMENT 10, 11		

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 Valerie Hawk-Donohue Date 10/7/11 Daytime Phone # 561-694-8107

Typed or printed name of signing Managing Member/Manager: EDUARDO ARRIOLA, by Valerie Hawk-Donohue, Atty in fact