

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000030704

1. Limited Liability Company's Name
AR CONSTRUCTION LLC

2. Principal Office Address - No P.O. Box # 2114 NORTH FLAMINGO RD		3. Mailing Office Address 2114 NORTH FLAMINGO RD	
Suite, Apt. #, etc. SUITE 1128		Suite, Apt. #, etc. SUITE 1128	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES	
Zip 33028	Country BROWARD	Zip 33028	Country BROWARD

8. Name and Address of Current Registered Agent

Name
JM INVESTMENT PARTNERS, INC

Street Address (P.O. Box Number is Not Acceptable) Suite,
2114 NORTH FLAMINGO ROAD

Apt. #, Etc.
SUITE 1161

City PEMBROKE PINES	State FL	Zip Code 33028
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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

REGISTERED AGENT MUST SIGN

Date

9/18/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
P/GM	ALBERTO RIVIERA II	114 NORTH FLAMINGO RD, SUITE 112	PEMBROKE PINES, FL 33028

11. E-mail Address: **ALBERTORIVIERA038@GMAIL.COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

9/18/2015

Daytime Phone #

336-283-0957

Typed or printed name of signing authorized representative/member

Alberto Riviera

FILED
15 SEP 29 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation FL/BROWARD
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number <input checked="" type="checkbox"/> 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

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09/29/15--01021--016 **793.75

REINSTATEMENT

2011-2015