

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 JAN 15 PM 12: 37

SECRETARY OF STATE
FACSIMILE TELEPHONE

DOCUMENT #

1. Limited Liability Company's Name
L10000087922

AR PALM, LLC

CR2E041 (1/14)

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

17 Celler Road

Suite, Apt. #, etc.

City & State

Edison, New Jersey

Zip

08817

Country

USA

3. Mailing Office Address

17 Celler Road

Suite, Apt. #, etc.

City & State

Edison, New Jersey

Zip

08817

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

August 20, 2010

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

NRAI Services, Inc.

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

400268428114

01/15/15--01003--023 **\$55.00

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

Date 1-13-2015

REGISTERED AGENT MUST SIGN Michael D. McManus

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
MGRM	Arie Rand	17 Celler Road	Edison, NJ 08817
REINSTATEMENT			

JAN 15 2015

R. HUNT

11. E-mail Address:

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Arie Rand

Date

1/13/15

Daytime Phone #

732-572-5492

Typed or printed name of signing Authorized Representative/Manager Arie Rand