

# L11600130596

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L11-130596

1. Limited Liability Company's Name

ARS NOVA INTERNATIONAL, LLC

9/28/2012

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

2121 Corinne St.

Suite, Apt. #, etc.

3. Mailing Office Address

2121 Corinne St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee

Zip

32308

Country

Leon

Zip

32308

Country

Leon

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11-16-2011

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

Joel C. Johnson

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

2121 Corinne St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

E-mail Address:

600243126416  
12/31/12--01001--008 \*\*238.75

arsnovainternational@gmail.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

[Signature]

Date 12/28/12

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
CEO	Joel C Johnson	2121 Corinne St.	Tallahassee, FL 32308

**REINSTATEMENT 2012**

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

[Signature]

Date 12/28/12

Daytime Phone # (850) 309-1135

Typed or printed name of signing Managing Member/Manager