

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN -3 PM 2:46

DOCUMENT # L12000069407

1. Limited Liability Company's Name
ARNALDO AND SONS, LLC

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box # 701 South Olive Avenue		3. Mailing Office Address 701 South Olive Avenue	
Suite, Apt. #, etc. 1026		Suite, Apt. #, etc. 1106	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33401	Country USA	Zip 33401	Country USA

4. State/Country of Formation
Florida/ USA

5. Date Organized or Qualified To Do Business in Florida
5/23/2012

6. FEI Number Applied For
NONE 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
Nayo Martinez

Street Address (P.O. Box Number is Not Acceptable)
701 South Olive Avenue

Suite, Apt. #, Etc
1106

City
West Palm Beach

State
FL

Zip Code
33401

E-mail Address:
700255222627
01/03/14--01017--008 **238.75
nayo.felipe@gmail.com
(To be used for future annual report notices)

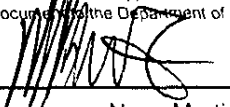
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Nayo Martinez  Date 12/30/2013
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MR	Nayo Martinez	701 South Olive Ave	West Palm Beach, FL 33401

11. I certify that I am an authorized person 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 requirements of Chapter 605, F.S., and that all fees owed by the limited liability company have been paid. The information indicated in 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 Person Nayo Martinez  Date 12/30/2013 Daytime Phone 9193495559
Typed or printed name of signing Authorized Person Nayo Martinez

nc del...