

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV 21 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000138146

1. Limited Liability Company's Name

Ariel Jewelry, LLC

500254108335
11/21/13--01025--002 **238.75

CR2E041 (1/11)

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

9903-b Military Trail

Suite, Apt. #, etc.

3. Mailing Office Address

9903-b Military Trail

Suite, Apt. #, etc.

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

09/01/12

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Boynton Beach, Florida

City & State

Boynton Beach, Florida

Zip

33436

Country

usa

Zip

33436

Country

usa

8. Name and Address of Current Registered Agent

Name

Moshe Ariel

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

7313 Andorra Place

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

E-mail Address:

arielh@bellsouth.net

(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

Date 11/1/13

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
manager	Moshe Ariel	7313 Andorra Place	Boca Raton, FL 33433

NOV 21 2013

R. HUNT

REINSTATEMENT

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

Date 11/1/13

Daytime Phone # 561-313-8184

Typed or printed name of signing Managing Member/Manager Moshe Ariel