

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF CORPORATIONS
13 SEP -4 AM 2013

DOCUMENT # LI 3060040406

1. Limited Liability Company's Name

Argan Products LLC

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

3389 Sheridan St

Suite, Apt. #, etc.

#219

City & State

Hollywood, FL

Zip

33021

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/18/2013

6. FEI Number

46-2296909

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Roe Benafshi

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

3389 Sheridan St

Suite, Apt. #, Etc

#219

City

Hollywood

State

FL

Zip Code

33021

E-mail Address:

400251357384
09/04/13--01018--011 **125.00

cpadirect@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

REGISTERED AGENT MUST SIGN

Date

8/29/13

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
MGR	Roe Benafshi	3389 Sheridan St #219	Hollywood, FL 33021

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

8/29/13

Daytime Phone #

Typed or printed name of signing Managing Member/Manager