PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2023 MAY -2 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100409136411
05/19/23--01024--011 **377.50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000197580

1. Limited Liability Company's Name

ARCAMAKI HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
17070 Collins Avenue	17070 Collins Avenue
Suite, Apt. #, etc. Suite 266B	Suite, Apt. #, etc. Suite 266B
City & State Sunny Isles Beach, FL	City & State Sunny Isles Beach, FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business In Florida: 11/30/2015

6. FEI Number: 81-0868193 ☐ 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: ARIEL D. TOMAT

Street Address (P.O. Box Number is Not Acceptable) Suite,: 17070 Collins Avenue

Apt. #, Etc.: Suite 266B

City: Sunny Isles Beach | State: FL | Zip Code: 33160

DC 05-19-23 (YRS. 22-23)

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: Ariel Tomat 9708GE626046430 Date: 5/1/2023 | 9:46 AM PDT

REGISTERED AGENT MUST SIGN

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
MGR	ARIEL D. TOMAT	17070 Collins Avenue, Suite 266B	Sunny Isles Beach, FL 33160

11. E-mail Address: info@finishmycondo.com

(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 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 requirement 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 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 representative/member: Ariel Tomat 9708GE626046430 Date: 5/1/2023 | 9:46 AM PDT Daytime Phone #:

Typed or printed name of signing authorized representative/member:

DocuSign

Certificate Of Completion

Envelope Id: CE0A6DB54B7746238E7A16CF8300275D
Status: Completed
Subject: Complete with DocuSign: ARCAMAKI HOLDINGS LLC LLC REINSTATEMENT.pdf
Source Envelope:
Document Pages: 2
Signatures: 2
Certificate Pages: 4
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Disabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Envelope Originator:
Keith Durkin
1375 E. 9th Street
Cleveland, OH 44114
kdurkin@bakerlaw.com
IP Address: 38.101.125.86

Record Tracking

Status: Original
5/1/2023 12:43:43 PM
Holder: Keith Durkin
kdurkin@bakerlaw.com
Location: DocuSign

Signer Events	Signature	Timestamp
Ariel Tomat info@finishmycondo.com Security Level: Email, Account Authentication (None)	DocuSigned by: Ariel Tomat 9208CFC3944043D	Sent: 5/1/2023 12:45:13 PM Viewed: 5/1/2023 12:46:01 PM Signed: 5/1/2023 12:46:09 PM

Signature Adoption: Pre-selected Style
Using IP Address: 159.250.121.26

Electronic Record and Signature Disclosure:
Accepted: 5/1/2023 12:46:01 PM
ID: 4f5d5a1b-c454-4d46-8189-3137dae0f13e

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	**Status**	**Timestamp**
Agent Delivery Events	**Status**	**Timestamp**
Intermediary Delivery Events	**Status**	**Timestamp**
Certified Delivery Events	**Status**	**Timestamp**
Carbon Copy Events	**Status**	**Timestamp**
Witness Events	**Signature**	**Timestamp**
Notary Events	**Signature**	**Timestamp**

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/1/2023 12:45:14 PM
Certified Delivered	Security Checked	5/1/2023 12:46:01 PM
Signing Complete	Security Checked	5/1/2023 12:46:09 PM
Completed	Security Checked	5/1/2023 12:46:09 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

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May 1, 2023

VIA OVERNIGHT DELIVERY

Darlene Connell
Supervisor
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street
Tallahassee, FL 32303

Re: Reinstatement of LLC – DOCUMENT #L15000197580 ARCAMAKI HOLDINGS, LLC
Our Client-Matter #: 113882.000003

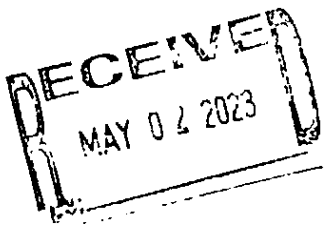
Dear Ms. Connell:

Pursuant to our telephone conversation with your department and subsequent emails regarding the reinstatement of Arcamaki Holdings, LLC, enclosed herewith is the Limited Liability Company Reinstatement form and filing fee for reinstatement and the 2023 Annual Report.

In the event you need further information, please do not hesitate to contact our office.

Very truly yours,

Iris F. Walker, FRP
Paralegal



Enclosure