

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 MAY 29 AM 11:30

DOCUMENT # L17000001627

1. Limited Liability Company's Name
ARCANUM CONSULTING, LLC

800328001148
05/30/19--01003--004 **136.75

800328001148
04/15/19--01001--002 **243.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 107 NEWPORT DR.		3. Mailing Office Address 107 NEWPORT DR.	
Suite, Apt. #, etc. UNIT 1107		Suite, Apt. #, etc. UNIT 1107	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34114	Country USA	Zip 34114	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 1/1/2017	
6. FEI Number 81-4982142	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name C T CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD		
Suite, Apt. #, Etc.		
City PLANTATION	State FL	Zip Code 33324

REINSTATEMENT

2018-2019

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 Stephanie Hencz Stephanie Hencz, Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 4/1/2019

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	Dr. Kirit Vora	107 NEWPORT DR., UNIT 1107	NAPLES, FL 34114

11. E-mail Address: stacey.didomenico@couzens.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Dr. Kirit Vora Date 04/01/2019 Daytime Phone # 248-459-4000

Typed or printed name of signing Authorized Representative/Manager Dr. Kirit Vora