

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96000000518

1. Limited Liability Company's Name

The Arthur Glenn LLC

2. Principal Office Address

2721 Reese Rd.

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33314

Country

Broward

3. Mailing Office Address

633 So Andrews Ave.

Suite, Apt. #, etc.

Ste 402

City & State

Fort Lauderdale, FL

Zip

33301

Country

Broward

FILED

2003 NOV 20 PM 12:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

500025389785
12/10/03-01044-011 **155.00

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

05/09/1996

6. FEI Number

650678303

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

Carlos A Rodriguez

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

633 So. Andrews Avenue

Suite, Apt. #, Etc.

Suite 402

City

Fort Lauderdale

State

FL

Zip Code

33301

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 19 November 2003

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
MGRM	James A Wynne, III	2560 SE 12th Street	Pompano Beach, FL 33062
MGRM	William F. Wynne	120 W. Plaza del Lago	Islamorada, FL 33038

REINSTATEMENT 2003

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.

Signature of

Managing Member/Manager

Date 19 Nov. 03

Daytime Phone # 954.786.0858

Typed or printed name of signing Managing Member/Manager James A Wynne, III