

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 31 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000001340**

ARCO INSURANCE AGENCY LLC
2471 N STATE RD 7
LAUDERHILL FL 33313

1a. Principal Place of Business Address

SAMS

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
SAMS		SAMS			Florida
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		650786505	
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

Howard S WEINSTEIN
11900 BSC **740**
NM **33181**

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
800002738948
Suite, Apt. #, etc. **-01/13/99-01007-005**
******688.75 ****688.75**
City **FL** Zip Code

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

Howard S. Weinstein

Date **12-28-98**

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
member	Steven R. Cohen	891 N. State Rd 7	Margate, FL 33063
member	Stanley J. Zinn	571 NW 108th Ave.	Plantation, FL 33324
member	Erie Zinn	220 Little Falls Road	Cedar Grove, NJ 07009
member	Dr Eugene Elvick	5500 Collins Avenue	Miami Beach, FL 33140

REINSTATEMENT

98
dec

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

Steven R. Cohen

Date **12-28-98**

Daytime Phone # **(954) 734-8930**

Typed or printed name of signing Managing Member/Manager **STEVEN COHEN**