

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN -2 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002686

1. Limited Liability Company's Name

ARMT LLC
734 S. DALEMARY
TAMPA FL 33609

2. Principal Office Address

734 S. DALEMARY

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

FL

Zip Country Zip Country

33609 USA

4. State/Country of Formation

Hillsborough

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3593802

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ARVIND BATEL

800004761868-3

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

734 S. DALEMARY

-01/09/02--01029--014

Suite, Apt. #, Etc.

***150.00 ***150.00

City

TAMPA

State

FL

Zip Code

33609

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 12-12-01

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
<u>S</u>	<u>TARDIKA BATEL</u>	<u>12802 miramar pl.</u>	<u>Tampa FL 33625</u>

REINSTATEMENT

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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

Date 12-12-01 Daytime Phone # 813-490-2378

Typed or printed name of signing Managing Member/Manager