

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 10 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # m01 000002922

1. Limited Liability Company's Name

Arrow Dynamics LLC.

REINSTATEMENT

2002

2. Principal Office Address

12717 W. Sunrise Blvd.

3. Mailing Office Address

2703 Oakbrook Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 217

City & State

Sunrise, FL.

City & State

Weston, FL.

Zip

33323

Country

USA

Zip

33332

Country

USA

4. State/Country of Formation

Delaware -

5. Date Organized or Qualified

To Do Business in Florida December 2001

6. FEI Number

65-1155579

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

Nir Frucht

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

2703 Oakbrook Drive

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33332

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

Nir Frucht

REGISTERED AGENT MUST SIGN

Date October 8, 2002

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	Nir Frucht	2703 Oakbrook Drive	Weston, FL. 33332

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

Nir Frucht

Date 10/08/2002

Daytime Phone # 954-701-8282

Typed or printed name of signing Managing Member/Manager

Nir Frucht

CR2001 (9/01)