

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 # *m01000002922*

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		4. State/Country of Formation Delaware	
Suite, Apt. #, etc. Suite # 217		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida December 2001	
City & State Sunrise, FL.		City & State Weston, FL.		6. FEI Number 65-1155579	
Zip 33323	Country USA	Zip 33332	Country USA	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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 **Nir Frucht**

Street Address (P.O. Box Number is Not Acceptable) **2703 Oakbrook Drive**

Suite, Apt. #, Etc.

City **Weston** State **FL** Zip Code **33332**

700008379417
~~10/15/02-01059-030~~ **155.00

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* Date **October 8, 2002**

REGISTERED AGENT MUST SIGN

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**

CR2E041 (9/01)