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Florida Department of State
Division of Corporations
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RE-SUBMIT

Please retain original filing date of submission 12/20

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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LIMITED LIABILITY REINSTATEMENT
ARC11FL SEMINOLE LHD LLC

Certificate of Status	1
Certified Copy	0
Page Count	02 03
Estimated Charge	$243.75

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S. PRATHER

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # M08-2694

12

CR2E041 (1/11)

1. Limited Liability Company's Name
ARC11FL Seminole LHD LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Arc Properties, 1401 Broad St.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clifton, NJ	City & State
Zip: 07013 Country: USA	Zip Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 06/09/2008

6. FEI Number: 262852699 ☐ 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: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.
City: Plantation State: FL Zip Code: 33324

E-mail Address: bnelson@arcproperties.com
(To be used for future annual report notices)

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: [signature] SALVINA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY 12/20/2012
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
Manager Member	Robert J Ambrosi	1401 Broad St.	Clifton, NJ
			DEC 20 2012
			S. PRATHER

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: [signature] Date: 12/18/12 Daytime Phone #: 973 249 1000

Typed or printed name of signing Managing Member/Manager: Robert J Ambrosi

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