

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 AUG 20 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (05/10)

DOCUMENT # M98000001008

1. Limited Liability Company's Name

Armenia Property, LLC

(ARMENIA PROPERTY ONE, LLC)

2. Principal Office Address - No P.O. Box #

60 Howard Drive 8E SHOTGUN CIR PMB 398

Suite, Apt. #, etc.

3. Mailing Office Address

PMB 398

Suite, Apt. #, etc.

PO Box 3000

City & State

Edwards, CO

City & State

Edwards, CO

Zip

81632

Country

USA

Zip

81632

Country

USA

4. State/Country of Formation

Florida Missouri

5. Date Organized or Qualified

To Do Business in Florida 09/14/1998

6. FEI Number

☐ 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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

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

7-30-10

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	Marshall Gordon	60 Howard Drive 8 EAST SHOTGUN CIR	Edwards, CO 81632

REINSTATEMENT 7-30-10

11. E-mail Address:

MARSHALL.GORDON@USA.NET

(To be used for future annual report notifications)

12. 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

7-30-10

Daytime Phone #

910 926 0772

Typed or printed name of signing Managing Member/Manager