

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

PK 10 FEB -8 PM 1:38

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L0100003765

1. Limited Liability Company's Name

AMERINTER SERVICES, LLC

600168205366  
02/08/10--01018--020 \*\*832.50

CR2E041 (11/09)

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

13479 APPLEROSE LN

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

03/12/2001

6. FEI Number

593702347

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

HERNANDEZ, RICARDO

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

13479 APPLEROSE LN

Suite, Apt. #, Etc

City

ORLANDO

State  
FL

Zip Code  
32824

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Ricardo Hernandez

Date

02/03/10

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	HERNANDEZ, RICARDO	13479 APPLEROSE LN	ORLANDO FL 32824 US
MGRM	LONIGRO, MARIA	13479 APPLEROSE LN	ORLANDO FL 32824 US

REINSTATEMENT 2008-2010

11. E-mail Address:

(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

Ricardo Hernandez

Date

02/03/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager