## APPRU/L. AND RE COMPLETING THIS FORM. FILED

LIMITED LIABILITY **COMPANY** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

04 MAY -5 PM 2: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L01000010870

1. Limited Liability Company's Name

AM-RO HOLDINGS, LLC

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9 9 9 N	338 17

							90 95/09	DOC 5/04-	<b>)3544</b> 3 -01016021	:109 7 **250	.00
2. Principal Office Address 801 BRICKELL AVE		3. Mailing Office Address PO BOX 560204		4	State/Countr	ry of Form	nation	<u> </u>			
Suite, Apt. #, etc. 9TH FLOOR ,		Suite, Apt. #, etc.		5	FL  5. Date Organized or Qualified To Do Business in Florida 7/6/01						
City & State			City & State MIAMI		6	6. FEI Number			✓ Appli		
<sup>Zip</sup> 33131		Country USA	Zip FL		Country	7	CERTIFICATE	OF STATU		Not A  O Additional For a Certificate	
			8. 1	Name and A	ddress of Current	Registered /	Agent				
	Name G	ENNIVIEVE HE	NRIQUES	3							
	Street Add	ress (P.O. Box Number is N	ot Acceptable)	801 BF	RICKELL AV	 /E					
	Suite, Apt.	#, Etc. 9TH FLOC	R								
	City MI	AMI						State <b>FL</b>	Zip Code 33131		
9. I, being	appointed the	e registered agent of the abo	ve named limite	ed liability co	mpany, am familiar	with and acce	ept the obligation	ons of Ch	apter 608, F.S.		10101
Signature o Registered		Man	ez-	سسس	-O-P			Date ,	4/30/04		CR2E041 (10/02
			EGISTERED AG		SIGN						
	s and Street	Addresses of Managing Mer Name of	nbers/Managers	i 	Stroot Address	of Each					
Titles	<u> </u>	Martaging Members/Manag	Street Address of Managing Member/		per/Manager	fanager City / State			e / Zip	i	
MGŖM,	M. GENNIVIEVE HENRIQUES 801 BRICKELL AVE,		9TH FL	TH FL MIAMI, FL, 33131.				<u>-</u>			
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filing th		anaging member/manager o				ility company	name satisfies	the requ	irements of section 6	i08.406, F.S., a	ind that
		limited liability company hav			indicated on this ag	oplication is tr	rue and accurate	e, and my	/ signature shall have	e the same lega	ar enect
as if m Signature of	owed by the lade under oa	firnited liability company have	è been paid. The		,	oplication is tro te			y signature shall have	Ū	