

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000002013

1. Limited Liability Company's Name

AMERICAN COMMUNICATIONS, L.L.C.

12 OCT -9 PM 12:02

300240620663
10/09/12--01021--025 **1210.00
CR2E041 (1/11)

05/12

2. Principal Office Address - No P.O. Box # 21205 NE 37ave		3. Mailing Office Address 21205 NE 37ave	
Suite, Apt. #, etc. 2001		Suite, Apt. #, etc. 2001	
City & State Aventura		City & State Aventura	
Zip 33180	Country Dade	Zip 33180	Country Dade

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 650867061	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 David Stone			
Street Address (P.O. Box Number is Not Acceptable) 21205 NE 37ave			
Suite, Apt. #, Etc. 2001			
City Aventura	State FL	Zip Code 33180	

E-mail Address:
dapersist@aol.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]* Date **Oct 5, 2012**
REGISTERED AGENT MUST SIGN

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	David Stone	21205 NE 37ave, Apt#2001	Aventura, FL ,33180
REINSTATEMENT			B. BOSTICK
			OCT 10 2012
			EXAMINER

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. 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 **Oct 5, 2012** Daytime Phone # **305-2979799**
Typed or printed name of signing Managing Member/Manager _____