

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -8 PM 1:38

DOCUMENT # L01000003765

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

Zip

32824

Country

Zip

Country

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