PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| COMPANY REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | 元月 新期 15 APR -1 AN 91 55 | |
|---|----------------|---|-------------------------|--------------|--|--|
| DOCUMENT # L1200070760 1. Limited Vability Company's Name AMA3200, LLC | | | | | SCHOOL STATE OF THE SCHOOL | |
| 2. Principal Office Address - No P.O. Box # 8 FORD LANE | | 3. Mailing Office Address 8 FORD LANE Suite, Apt. # etc. | | | CR2E041 (1/14) 4. State/Country of Formation Florida | |
| City & State ROSELAND, NJ | | City & State ROSELAND, NJ | | | Date Organized or Qualified To Do Business in Florida cszs/2012 FEI Number Applied For Not Applicable | |
| ' | Country JSA | 07068 | US | ountry Sa | 7. CERTIFICATE OF | STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status |
| 8. Name and Address of Current Registered Agent Name Corporation Service Company | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1201: Hays Street Suite, Apt. #. Etc. | | | | | 000271309130 04/01/1501024019 **516.25 | |
| City Tallahassee | <u></u> | | State Zip Code FL 32301 | | 04/01/1501024019 **516.25 | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent Date | | | | | | |
| 10. Names and Street Addresses of Authorized Representatives/Managers | | | | | | |
| Titles | ÷s/ | Street Address of Eac Authorized Representati Manager | | | City / State / Zip | |
| AMBR MIC | MICHAEL ASCHER | | 8 FORD LANE | | ٧E | ROSELAND, NJ 07068 |
| | INSTAT | | · | R. | R 0 1 2015 . HUNT | |
| 11, E-mail Address: Mascher 55 @ gmall. Com (To be used for future annual report notifications) | | | | | | |
| 12. I certify that I am an authorized representative/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 605 0012. 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 sybmitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager Daytime Phone # 273 586 4903 Typed or printed name of signing Authorized Representative/Manager MICHAEL ASCHER | | | | | | |