

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -4 PM 12:55

DOCUMENT # L 0000 0000 772

1. Limited Liability Company's Name

AMS CS, (L.L.C.)

2. Principal Office Address

1623 Collins Ave

Suite, Apt. #, etc.

214

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

1623 Collins Ave

Suite, Apt. #, etc.

214

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

1-21-00

6. FEI Number

65-1010282

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

Albert M. Soto

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

1623 Collins Ave

Suite, Apt. #, Etc.

#214

City

MIAMI BEACH

State

FL

Zip Code

33139

200004768562-1
-01/11/02-01026-028
****150.00-****150.00

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

Albert M. Soto

Date 12-29-01

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
MGR	Albert M. Soto	1623 Collins Ave #214	MIAMI BEACH, FL 33139
			Rein 100.00
			OBR 50.00
			150.00 nr

REINSTATEMENT 2001

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.

Signature of
Managing Member/Manager

Albert M. Soto

Date 12-29-01

Daytime Phone # 305 645 8024

Typed or printed name of signing Managing Member/Manager

Albert M. Soto