

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 OCT 25 AM 11:14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000009270

Name and Mailing Address

0006150 01 FP 0.352 **PRSRT T9 0 0615 32259-435012



AMS MATERIALS, LLC
1112 KALMIA COURT
ST. JOHNS COUNTY
FRUIT COVE FL 32259-4350



2. New Mailing Address

City, State, Zip

Principal Place of Business

1112 KALMIA COURT
ST. JOHNS COUNTY
FRUIT COVE FL 32259

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/31/2000

6. FEI Number

59-3662047

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

COLEMAN, C. RANDOLPH ESQ
9250 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SHAFFER, J. SCOTT	1112 KALMIA COURT	FRUIT COVE FL 32259
MGRM	SHAFFER, VIRGINIA	1112 KALMIA COURT	FRUIT COVE FL 32259

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

Date

10-21-02

Daytime Phone #

904-230-0944

Typed or printed name of signing Managing Member/Manager