

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
05 OCT 20 AM 10:56

DOCUMENT # L00600011261

1. Limited Liability Company's Name

AOS, LLC
911 West Hawry Drive
Homestead, FL 33030

2. Principal Office Address

911 West Hawry Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Zip

33030

Country

Miami Dade

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9/19/2002

6. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Santovenia, Beatriz

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

19751 SW 137 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

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

Beatriz Santovenia
REGISTERED AGENT MUST SIGN

Date

10/19/05

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	Santovenia, Beatriz	19751 SW 137 Ave	Miami, FL 33177
MGR	Santovenia, Ofelia	17995 SW 158 st	Miami, FL 33187
MGR	Garcia, Sarah	15715 SW 153 Ave	Miami FL 33187

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

Beatriz Santovenia

Date

10/19/05

Daytime Phone #

305-246-8040

Typed or printed name of signing Managing Member/Manager

Beatriz Santovenia