PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000011417

07/19/19-01015-019
100 3322-30731
$1626.25

1. Limited Liability Company Name
ACCOUNTING AND INFORMATION SOLUTIONS, LLC

CR2E041 (1511)

2. Principal Office Address - No P.O. Box #
12620 Beach Blvd.
Suite, Apt. #, etc.
Ste 3 #310
City & State
Jacksonville, Fl
Zip | Country
32246 | USA

3. Mailing Office Address
12620 Beach Blvd.
Suite, Apt. #, etc.
Ste 3 #310
City & State
Jacksonville, FL
Zip | Country
32246 | USA

4. State/Country of Formation
FLORIDA/USA
5. Date Organized or Qualified to do Business in Florida 09/26/2000
6. FEI Number ☑ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a certificate of status

S TALLENT
JUL 30 2019

8. Name and Address of Current Registered Agent
Name
WARREN JAY STAMM, ESQ.
Street Address [P.O. Box Number is Not Acceptable] Suite
16001 Collins Ave.
Apt. #, etc.
Suite 3204
City | State | Zip Code
Sunny Isles | FL | 33160

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 [signature] Date 7/19/19
REGISTERED AGENT MUST SIGN

10. Name and Street Address of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Joseph A. Valinno	12620 Beach Blvd Ste 3, #310	Jacksonville, FL 32246
AMBR	Warren Jay Stamm, Esq.	16001 Collins Ave. Suite 3204	Sunny Isles, FL 33160
AMBR	Joseph A. Valinno	12620 Beach Blvd. Ste.3, #310	Jacksonville, FL 32246

11. E-mail Address joevalinno@yahoo.com
(Enter email for future annual report notifications)

12. I certify that I am an authorized representative/member or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that attaching this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0112, 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member [signature] Date 07/11/19
Daytime Phone # 904-514-4328
Typed or printed name of signing authorized representative/member Joseph A. Valinno

FILED
2019 JUL 19 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Joseph A. Valinho

[redacted]

12630 Beach Blvd.
Ste. 3, #310
Jacksonville, FL 32246

To Whom It May Concern

On July 10th, 2019, I mailed the enclosed Articles of Amendment for Accounting and Information Solutions, LLC (DOCUMENT # L08000011417). This Amendment was a name change. A check was mailed for this change for $60.00. The check that was enclosed was check #2658

Enclosed you will find a copy of the Articles of Amendment that was mailed on July 10th, 2019 as well as the Limited Liability Reinstatement Form and check #2061 for $1625.25. My assistant spoke with Kathy Ashton on July 11th, 2019 and she advised we needed to include this letter to explain what took place

Please contact me using the methods below if you have any questions or if you require additional information.

Sincerely,

Joseph A. Valinho
JoeValinho@yahoo.com
904-514-4328

[redacted]

11:34 Inquire By Deposit Number 07/30/19

DEP Page 0019/0019

Deposit Number	: 07/19/19 01015 019	Deposit Amount :	1,626.25
Account Number	:	Deposit Balance:	0.00
Refund Request Date	:	Debit Memo Date:	
Refund Mail Date	:	Void Date:	
Refund Amount	: 0.00	User ID :	AMCARRANZA
Requester	:		

DOC Page 0001/0001

Tracking Number	: 100332230731	Document Number:	100332230731
Ledger Date	: 07/19/19	Sub Account Number:	
Document Requester	:		

Category	Description	Amount
REIN	REINSTATEMENT FEE	1626.25