

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000011417

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

07/19/19-01015-019
100332230731
B1626.25

2. Principal Office Address - No P.O. Box #
12620 Beach Blvd.

Suite Apt. #, etc.

Suite 3 #310

City & State

Jacksonville, FL

Zip

Country

32246

USA

3. Mailing Office Address
12620 Beach Blvd.

Suite Apt. #, etc.

Suite 3 #310

City & State

Jacksonville, FL

Zip

Country

32246

USA

CR76041 (011)

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
to Do Business in Florida 09/20/2000

6. FE Number

☒ 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:

WARREN JAY STAMM, ESQ.

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

16001 Collins Ave.

Apt. #, etc.

Suite 3204

City

Sunny Isles

State

FL

Zip Code

33160

S TALLENT

JUL 30 2019

2019 JUL 19 PM 12:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED

9. I am 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

Warren Jay Stamm, Esq.

Date

7/19/19

REGISTERED AGENT MAILING

10. Names and Street Addresses of Authorized Representative/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City/State/Zip
MGR	Joseph A. Valinno	12620 Beach Blvd. Suite 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. Suite 3, #310	Jacksonville, FL 32246

11. E-mail Address: jovalinno@yahoo.com

(To be used for future filings and communications)

12. I certify that I am an authorized representative or manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0017, 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

Joseph A. Valinno
Joseph A. Valinno

Date

07/11/19

Daytime Phone #

904-514-4328

Typed or printed name of signing authorized representative/member

Joseph A. Valinho

ATTN: A/C -

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

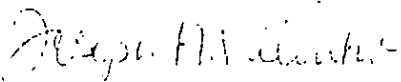
To Whom it May Concern

On July 10th, 2019, I mailed the enclosed Articles of Amendment for Accounting and Information Solutions, LLC (DOCUMENT # 100000011417). 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 \$1626.25. 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

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	:	

<u>Category</u>	<u>Description</u>	<u>Amount</u>
REIN	REINSTATEMENT FEE	1626.25