

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000012498

1. Entity Name  
AMARAFLORE INTERNATIONAL, LLC



FILED

2005 MAY 11 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6701 NW 7TH AVENUE  
MIAMI, FL 33126

Mailing Address  
6701 NW 7TH AVENUE  
MIAMI, FL 33126



2. Principal Place of Business  
3555 NW 74TH AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
3555 NW 74TH AVE  
Suite, Apt. #, etc.

05022005 REIN-LLC CR2E101 (6/04)

City & State  
MIAMI, FL  
Zip  
33122  
Country  
DADE

City & State  
MIAMI, FL  
Zip  
33122  
Country  
DADE

4. FEI Number  
65-1060516  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COMPASS ROSE CORP.  
6701 NW 7TH AVENUE  
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name  
COMPASS ROSE CORP.  
Street Address (P.O. Box Number is Not Acceptable)

3555 NW 74TH AVE  
City  
MIAMI  
FL  
Zip Code  
33122

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DAVID KNEPPER DIRECTOR 5/2/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KNEPPER, DAVID A PRES  
2980 NW 74TH AVE 3555 NW 74TH AVE  
MIAMI, FL 33122

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HAMER, ANDREW N VP  
2980 NW 74TH AVE 3555 NW 74TH AVE  
MIAMI, FL 33122

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID KNEPPER 5/2/05 305-436-0304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #