Mar. 1. 2004 4:43PM ALL STAR ASSOCIATES, CA No.4581 P. 2/2

L00000012803

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -1 PM 5:29

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000012803

1. Limited Liability Company's Name
AMA-K, LLC.

REINSTATEMENT 2003-2004

2. Principal Office Address		**3.** Mailing Office Address	
3173 SW 141 TERRACE		3173 SW 141 TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DAVIE, FL		City & State: DAVIE, FL	
Zip: 33330	Country: USA	Zip: 33330	Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business In Florida: 10/19/2000

6. FEI Number: 651049428 ☐ 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: JOSE G. TOVAR

Street Address (P.O. Box Number is Not Acceptable): 1725 MAIN STREET

Suite, Apt. #, Etc.: SUITE 209

City: WESTON | State: FL | Zip Code: 33326

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: JOVAKSel. REGISTERED AGENT MUST SIGN Date: 02/19/2004

CR2E041 (10/02)

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	MARCO TRUJILLO	3173 SW 141 TERRACE	DAVIE, FL 33330
MGR	LUZ E. TRUJILLO	3173 SW 141 TERRACE	DAVIE, FL 33330

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: Luz Estella C. Trujillo Date: 02-25-04 Daytime Phone #: 954 147 80 35

Typed or printed name of signing Managing Member/Manager: Luz Estella Trujillo

2002

Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : ARIAS TOVAR & ASSOCIATES, P.A.
Account Number : I20000000125
Phone : (954)385-2284
Fax Number : (954)385-9864

LIMITED LIABILITY REINSTATEMENT

AMA-K, LLC

Certificate of Status	0
Certified Copy	0
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