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No. 4581 P. 2/2

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2003-
2004

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

2. Principal Office Address 3173 SW 141 TERRACE		3. Mailing Office Address 3173 SW 141 TERRACE		4. State/Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 10/19/2000	
City & State DAVIE, FL		City & State DAVIE, FL		6. FEI Number 651049428	
Zip 33330	Country USA	Zip 33330	Country USA	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

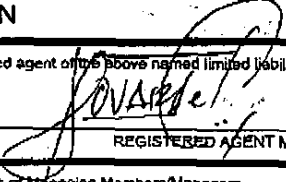
Name **JOSE G. TOVAR**

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.

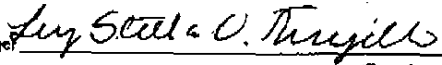
Signature of Registered Agent  Date **02/19/2004**

REGISTERED AGENT MUST SIGN

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 of 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  Date **02-25-04** Daytime Phone# **954 1475 80 35**

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

CR25041 (10/02)

2012

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) 385-8864

LIMITED LIABILITY REINSTATEMENT

AMA-K, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00

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