

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 16 PM 4:02

45/30

DOCUMENT # L00000015447

1. Limited Liability Company's Name

AMERICZECH, LLC

2. Principal Office Address

1217 Cape Coral Parkway 23120 W. Lyons Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5 # 223

City & State

City & State

Cape Coral FL

Santa Clarita, CA

Zip

Country

33904

USA

Zip

Country

91321

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/11/2000

6. FEI Number

NONE

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

Prsidential Services Incorporated

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

300005677123--8

Suite, Apt. #, Etc. 1271 Cape Coral Parkway

-06/04/02--01037--005

****200.00 ****200.00

City

CAPE CORAL

State

FL

Zip Code

33904-9604

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/10/02

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	Charles Neal	1271 Cape Coral Pkwy	Cape Coral FL 33904

REINSTATEMENT

2001
2002

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

Charles Neal

Date 5/5/02

Daytime Phone #

661-259-8987

Typed or printed name of signing Managing Member/Manager

CHARLES NEAL

CR2E04.1 (9/01)