

101000002897

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 24 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 101000002897

1. Limited Liability Company's Name

A & M, LLC

REINSTATEMENT

2002-2003

2. Principal Office Address

225 NE Mizner Blvd

Suite, Apt. #, etc.

Suite 750

City & State

Boca Raton, FL

Zip

33432

Country

Palm Beach

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

2-23-01

6. FEI Number

65-1081067

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

B+C Corporate Services, Inc.

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

201 South Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 3000

City

Miami

State

FL

Zip Code

33131

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

Michael Jacobs

REGISTERED AGENT MUST SIGN

Date 1/23/03

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
MR.	Alan Jacobs	225 NE MIZNER Blvd, SK750 Boca Raton, FL 33432	
MR.	Michael Jacobs	225 NE MIZNER Blvd, SK750 Boca Raton, FL 33432	

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01/23/03-01/23/03 \*\*200.00

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

Michael Jacobs

Date 1/23/03

Daytime Phone #

561-367-7107

Typed or printed name of signing Managing Member/Manager

Michael Jacobs

CR2E041 (10/02)