

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

A & M Florida Properties II, LLC

2. Principal Office Address

5500-5550 Washington Street

Suite, Apt. #, etc.

Office

City & State

Hollywood, FL

Zip

33021

Country

USA

3. Mailing Office Address

c/o GFI, 50 Broadway

Suite, Apt. #, etc.

4th Floor

City & State

New York, NY

Zip

10004

Country

USA

FILED
03 OCT 20 03 OCT 20 PM 4:49
TALLAHASSEE, FLORIDA
STATE
TALLAHASSEE, FLORIDA

Handwritten signature

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

11-3620164

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

CorpDirect Agents, Inc.

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

103 N. Meridian St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Handwritten signature

Asst. Secretary

Date 10/20/03

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.	Edith Gross	c/o GFI, 50 Broadway, 4th Floor	New York, NY 10004
Mgr.	Allen Gross	c/o GFI, 50 Broadway, 4th Floor	New York, NY 10004

REINSTATEMENT 2003

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

Handwritten signature

Date 10/16/03

Daytime Phone# 212-837-4539

Typed or printed name of signing Managing Member/Manager

Edith Gross

CR2E041 (10/02)



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FILED
OCT 20 PM 4:49
TALLAHASSEE
FLORIDA

October 13, 2003

Florida Department of State
Division Of Corporations

Re: A & M Florida Properties II, LLC

To whom it may concern:

Please be advised that GFI management Services manages the above referenced LLC.

Please note that we have not received our UBR forms with respect to the above and respectfully request that you waive any and all fees that may be charged as a result of any late filings.

Very truly yours,

David L. Arnow
Director of Operations