

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000012484

AND FILED

02 DEC -9 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012484
Name and Mailing Address

0001312 01 FP 0.352 **PRSRT T5 0 0615 33028-271645
AMDMAR, LLC
13345 NW 13TH STREET
PEMBROKE PINES FL 33028-2716

REINSTATEMENT 7902



2. New Mailing Address 13784 NW 19th St City, State, Zip Pembroke Pines, Florida, 33028		4. State/Country of Formation FL	
3. New Principal Place of Business Address 13345 NW 13TH STREET PEMBROKE PINES FL 33028 City, State, Zip Pembroke Pines, FL 33028		5. Date Organized or Qualified To Do Business in Florida 07/27/2001	
6. FEI Number Applied for		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent PLATA, NESTOR I 13345 NW 13TH STREET PEMBROKE PINES FL 33028		9. Name and Address of New Registered Agent Name: Nestor I. Plata Street Address (P.O. Box Number is Not Acceptable): 13755 NW 18th Court City: Pembroke Pines FL Zip Code: 33028	
10. 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] Date: 11/14/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mr.	Ambrosio Plata MGR	13784 NW 19th St	Pembroke Pines, FL 33028
Mrs.	Maria Redondo MGR	13784 NW 19th St	Pembroke Pines, FL 33028
Mr.	Nestor Plata MGR	13755 NW 18th Ct	Pembroke Pines, FL 33028
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12. 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: [Signature] Date: 11/14/02 Daytime Phone #: (954) 275-7105
Typed or printed name of signing Managing Member/Manager: Nestor I. Plata