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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 APR -1 AM 7:46

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L020000007912

Name and Mailing Address

0012998 01 AT 0.292 \*\*AUTO T7 0 0615 33487-113771

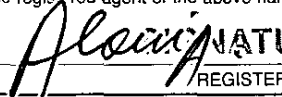
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AMIS, LLC

17271 LAKE PARK ROAD

BOCA RATON FL 33487-1137



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/03/2002	
Principal Place of Business 17271 LAKE PARK ROAD BOCA RATON FL 33487	3. New Principal Place of Business Address		6. FEI Number 01-0656239
	City, State, Zip		Applied For Not Applicable
		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		9. Name and Address of New Registered Agent	
ALONI, ARIE 17271 LAKE PARK ROAD BOCA RATON FL 33487		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		600031589406 04/01/04--01011--010 **200.00	
		City FL	Zip Code
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		Date 3/16/04	
 <b>SIGNATURE REQUIRED</b> 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
DIRECTOR	ARIE ALONI	17271 LAKE PARK RD, <del>BOCA RATON, FL 33487</del>	BOCA RATON / FL / 33487
		<b>REINSTATEMENT</b> 2003-04	
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		Date 3/16/04 Daytime Phone # 561-241-9010	
Typed or printed name of signing Managing Member/Manager			