

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000024882

1. Limited Liability Company's Name

AMM, LLC

2. Principal Office Address - No P.O. Box #
1170 Carmel Circle

Suite, Apt. #, etc.

Unit 230

City & State

Casselberry, FL

Zip

32707

Country

USA

3. Mailing Office Address

1170 Carmel Circle

Suite, Apt. #, etc.

Unit 230

City & State

Casselberry, FL

Zip

32707

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

09/24/2002

6. FEI Number

550826775

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (05/10)

FILED

2010 AUG 25 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300184751003
08/27/10--01001--002 **823.75

8. Name and Address of Current Registered Agent

Name

Bernice Boivin

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

1170 Carmel Circle

Suite, Apt. #, Etc.

Unit 230

City

Casselberry

State

FL

Zip Code

32707

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

REGISTERED AGENT MUST SIGN

Date

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
MGRM	Bernice Boivin	1170 Carmel Circle, Unit 230	Casselberry, FL 32707
MGRM	Andre McDonald	1170 Carmel Circle, Unit 230	Casselberry, FL 32707

REINSTATEMENT - 06-10

11. E-mail Address: **pbboivin@valassis.com**

(To be used for future annual report notifications)

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

8-25-10

Daytime Phone #

407-962-9743

Typed or printed name of signing Managing Member/Manager **Bernice Boivin**

793.75 Reinstatement