

# L02000026637

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT '21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000026637

1. Limited Liability Company's Name

AAS PROPERTIES, L.L.C.

800023973078  
10/21/03--01081--015 \*\*155.00

2. Principal Office Address

1302 SW 178th Way

Suite, Apt. #, etc.

3. Mailing Office Address

1302 SW 178th Way

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

10/09/2002

6. FEI Number

52-2384813

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

Robert M. Kramer

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

4000 Hollywood Boulevard

Suite, Apt. #, Etc.

485-South

City

Hollywood

State  
FL

Zip Code  
33021

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

*Robert M. Kramer*

Date 10/16/03

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
PST	William R. Pena	1302 SW 178th Way	Pembroke Pines, FL 33029

REINSTATEMENT

03 cus  
dec

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

*William R. Pena*

Date 10/16/03

Daytime Phone# 954-439-8859

Typed or printed name of signing Managing Member/Manager William R. Pena

CR2ED41 (10/02)