

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000031353

1. Limited Liability Company's Name
AIG1806, LLC

2. Principal Office Address - No P.O. Box #

4031 W. Plano Parkway

Suite, Apt. #, etc.

Suite 100

City & State

Plano, Texas

Zip

75093

Country

USA

3. Mailing Office Address

4031 W. Plano Parkway

Suite, Apt. #, etc.

Suite 100

City & State

Plano, Texas

Zip

75093

Country

USA

8. Name and Address of Current Registered Agent

Name

Alan B. Cohn c/o Greenspoon Marder, P.A.

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

200 East Broward Boulevard

Apt. #, Etc.

Suite 1800

City

Fort Lauderdale

State

FL

Zip Code

33301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **August 22, 2016**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Alexander I. Glogau	4031 W. Plano Parkway, Suite 100	Plano, Texas 75093

REINSTATEMENT

S. HAWKES

SEP 12 A.M.

EXAMINER

11. E-mail Address: **Aiglogau@aol.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

Daytime Phone #

(972) 985-1072

Typed or printed name of signing authorized representative/member

Alexander I. Glogau