PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 DEC 18 PM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
Document #L03000014306
A&M Enterprises LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2155 Indian Road	2155 Indian Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach	City & State: West Palm Beach
Zip: 33409 Country: USA	Zip: 33409 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 061691618 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Judene Hansen
Street Address (P.O. Box Number is Not Acceptable): 2155 Indian Road
Suite, Apt. #, Etc.
City: West Palm Beach State: FL Zip Code: 33409

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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: Judene Hansen Date: 12-12-2014
REGISTERED AGENT MUST SIGN

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
MGRM	Judene Hansen	4160 North Highway A1A	Fort Pierce, FL 34949

REINSTATEMENT
2009 2014

11. E-mail Address: barbdolz@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 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 605.0112, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Judene Hansen Date: 12-12-2014 Daytime Phone #: 772-209-0488

Typed or printed name of signing Authorized Representative/Manager: Judene Hansen

MW 12/18