

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 FEB 13 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050233

1. Limited Liability Company's Name

AMRAM, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
GB RESORT CONDOMINIUM

Suite, Apt. #, etc.

455 Grand Bay Dr., Unit 884

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Office Address

GB RESORT CONDOMINIUM

Suite, Apt. #, etc.

455 Grand Bay Dr., Unit 884

City & State

Key Biscayne, FL

Zip

33149

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida
12/03/2003

6. FEI Number

611461665

☐ 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

HAIM LALO

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

GB RESORT CONDOMINIUM

Suite, Apt. #, Etc.

455 Grand Bay Dr., Unit 884

City

Key Biscayne, FL

State

FL

Zip Code

33149

500268253935
02/13/15--01007--026 **1348.75

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 2/12/15

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
MGR	HAIM LALO	15 Central Park West 2E	New York, NY 10023
	REINSTATEMENT	2007-2015	FEB 16 2015
			T. HAMPTON

11. E-mail Address: haim_lalo@yahoo.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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date Feb. 12, 2015

Daytime Phone # 917-254-5400

Typed or printed name of signing Authorized Representative/Manager HAIM LALO, Manager Member

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AMRAM LLC

Signature _____

Requested by: SETH

02/12/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION

15 FEB 13 PM 1:05

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- ☒ _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____