

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 APR 14 PM 1:43

**DOCUMENT #**

1. Limited Liability Company's Name

L0400 0006526

AMERICAN ENTERPRISE LLC

CR2E041 (1/11)

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

12 BRIGHTON CT

Suite, Apt. #, etc.

3. Mailing Office Address

12 BRIGHTON CT

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

Zip

33418

Country

PALM BEACH

Zip

33418

Country

PALM BEACH

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified

To Do Business in Florida JAN 23, 2004

6. FEI Number

20-1252387

☒ 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

ARTHUR SUCHTA

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

12 BRIGHTON CT

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

E-mail Address:

anthurflorida@gmail.com  
(To be used for future annual report notices)

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

*Arthur Suchta*

Date 4-11-2011

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
MANGR	ARTHUR SUCHTA	12 BRIGHTON CT.	PBG, FL 33418

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04/14/11--01016--023 \*\*541.25

REINSTATEMENT 2009-2011

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. 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 Managing  
Member/Manager

*Arthur Suchta*

Date 4-11-11

Daytime Phone #

561.5067410

Typed or printed name of signing Managing Member/Manager