

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATION

08 APR 25 PM 3:44

DOCUMENT # L040000015228

1. Limited Liability Company's Name

AMB SECURITY CONSULTANTS LLC

000125146590
04/23/08--01002--019 **555.00

CR2E041 (12/07)

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

2732 27TH CT.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

FL

Zip

33477

Country

FLA

Zip

11

Country

11

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

2/25/04

6. FEI Number

01-0809105

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

CORPORATION SERVICE CO.

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

1201 NAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

X Carl Far

REGISTERED AGENT MUST SIGN

Date 3/24/08

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
MBRM	ANNE GIUFFRÈ	2732 27TH COURT	JUPITER, FL 33477
MBRM	EMANUELE GIUFFRÈ	2732 27TH COURT	JUPITER, FL 33477

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

Anne Giuffrè

Date 3/24/08

Daytime Phone # 631209-1355

Typed or printed name of signing Managing Member/Manager

ANNE GIUFFRÈ