JUN-24-2008 16:01 6 Fr 6:947 3000 2 T 5:65(2456036 8 6) 9e:3/3

PLEASE READ ALL INSTRUCTION 3 BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		DEPARTMEN Secretary of Sta	ate	-	FILED 18 JUN 25 AM 8: 10
DOCUMENT # LO40000 25636 1. Limited Liability Company's Name A. M. C.A. Ender prise , LCC 6245 Powerline Rd. Suite 202 At Lander tale, R 33309					SECRETARY OF STATE TALLAHASSEE, FLORIDA
At Landerdale, ME \$5501				CR2E041 (12/07)	
2. Principal Office Address - No P.O. Box # 3. Mai		g Office Address		4. State/Count	ry of Formation
Suite, Apt. #, etc. Suite, Apt. #		etc.		FL USA 5. Date Organized or Qualified	
City & State City & State				6. FEI Number 9 79 477 Applied For	
Zip Country	Zip	Countr	у	7. CERTIFICATE	OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
Name and Address of Current Registered Agent					
Name Aldo Di Sort Street Address (P.O. Box Number is Not Acceptate to 24 S Powerline Suite, Apt. #, Etc. City. Ft Landudce	State Zip Code FL 33305		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 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
TIGH DISON bo, Aldo		6245 Averline 12 2		K 9	4+ Landadalo, Fe 33309
				800129052718 05/12/0801056004 **277.50	
REINSTATEMENT					
Without Penalty 2007-2008 the 24tato					
UND 6/25					
11. I certify that I am managing member/manages or the receiver or trustee empowered to execute this application as provided for in chapter 508, F.S. I further certify that when filling this reinstaltement 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 cath.					
Signature of Managing Member/Manager DateS S C					954-772-1610 Ext 123
Typed or printed name of signifig Managing Member/Manager Ata Di Sorbo					