


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**FILED**

**09 NOV 10 AM 11:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**600162689346  
11/10/09--01026--007 \*\*138.75**

CR2E041 (11/09)

**DOCUMENT #** 604000078914

1. Limited Liability Company's Name

AMERICAN SHIELD LLC.

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

2-2 PARKER AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 1359

Suite, Apt. #, etc.

City & State

CANARK VILLAGE

Zip

32323

Country

FRANKLIN

City & State

CANARK VILLAGE

Zip

32323

Country

FRANKLIN

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

306 46-1659469

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

PAUL ROHRS

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

2-2 PARKER AVE

Suite, Apt. #, Etc.

City

CANARK VILLAGE

State

FL

Zip Code

32323

☒ 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

Paul Rohrs

REGISTERED AGENT MUST SIGN

Date 11-10-09

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
<u>MBRM</u>	<u>PAUL ROHRS</u>	<u>P.O. BOX 1359</u>	<u>CANARK VILLAGE FL 32323</u>

**REINSTATEMENT**

2009 83M

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Paul Rohrs

Date 11-10-09

Daytime Phone # 850-528-9355

Typed or printed name of signing Managing Member/Manager