

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000021824

1. Limited Liability Company's Name

A & M, LLC

FILED

08 JUL 15 AM 9:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

200131585612
06/23/08--01039--011 **416.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # c/o Fernando Menoyo		3. Mailing Office Address c/o Fernando Menoyo	
Suite, Apt. #, etc. 744 Biltmore way Ste. 2		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State	
Zip 33134	Country USA	Zip	Country

4. State/Country of Formation Florida - USA	
5. Date Organized or Qualified To Do Business in Florida 3/3/05	
6. FEI Number 11-3747270	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Maria C. Longo			
Street Address (P.O. Box Number is Not Acceptable) 744 Biltmore way			
Suite, Apt. #, Etc. Suite 2			
City Coral Gables, FL	State FL	Zip Code 33134	

☒ 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 Maria C Longo
REGISTERED AGENT MUST SIGN

Date 06/16/08

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
MGR	Maria C. Longo	744 Biltmore way Suite # 2	Coral Gables, FL 33134
MGR	Adriel Longo	744 Biltmore way Suite # 2	Coral Gables, FL 33134

REINSTATEMENT 06/08

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 Maria C Longo Date 06/16/08 Daytime Phone # 305-798-0156
Typed or printed name of signing Managing Member/Manager MARIA C. Longo.