

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 MAY -7 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L05000023469

1. Limited Liability Company's Name

A.M.B. LLC

500120298105  
03/13/08--01001--026 \*\*\*441.25

CR2E041 (12/07)

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

3535 Washington St

Suite, Apt. #, etc.

3. Mailing Office Address

3535 Washington St.

Suite, Apt. #, etc.

City &amp; State

Gurnee Illinois

City &amp; State

Gurnee Illinois

Zip

60031

Country

U.S.A.

Zip

60031

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

4/15/05 3/09/05

6. FEI Number

65-1247461

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$500 ADDITIONAL FEE

## 8. Name and Address of Current Registered Agent

Name

Adam Brosten

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

3940 North Flagler Rd.

Suite, Apt. #, Etc.

Unit 306

City

West Palm Beach

State

FL

Zip Code

33407

☒ 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

Date 3-21-08

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
MGR	Adam Brosten	3940 North Flagler #306	West Palm Beach FL 33407

REINSTATEMENT  
WOP 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

Date 3-21-08 Daytime Phone # (847) 858-7469

Typed or printed name of signing Managing Member/Manager Adam Brosten