

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000094940

1. Limited Liability Company's Name

AMCI Holdings LLC.

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

5975 Sunset Drive

Suite, Apt. #, etc.

407

City & State

Miami, FL

Zip

33143

Country

Dade

3. Mailing Office Address

5975 Sunset Drive

Suite, Apt. #, etc.

407

City & State

Miami, FL

Zip

33143

Country

Dade

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

09-27-2005

6. FEI Number

203625842

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (05/10)

8. Name and Address of Current Registered Agent

Name
Fernando A. Chinchilla

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

5975 Sunset Drive

Suite, Apt. #, Etc.

407

City

Miami

State

FL

Zip Code

33143

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 06-21-2010

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
Pres.	Fernando A. Chinchilla	5975 Sunset Drive Ste 407	Miami, FL. 33143
	REINSTATEMENT		S. HAWKES
	2009-10		JUN 25 2010
			EXAMINER

11. E-mail Address: fchinchill@aol.com

(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

[Signature]

Date 06-21-2010

Daytime Phone # 305-978-5601

Typed or printed name of signing Managing Member/Manager Fernando A. Chinchilla