

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 SEP 26 AM 11:37

DOCUMENT # L06000002871

1. Limited Liability Company's Name

AHM Holding LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
13273 Solana Beach Cove

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

33446

Country

Palm Beach

Zip

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

1/9/06

6. FEI Number

20-4081708

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
Ronald Martin CPA

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

1442 LaCosta Drive East

Suite, Apt #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33027

E-mail Address:

800240075388
09/26/12--01019--008 **685.00

ronmartincpa@aol.com

(To be used for future annual report notices)

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

Date

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	Harold Rosenstein	13273 Solana Beach Cove	Delray Beach, FL 33446
MGRM	Alexander Wexler	16445 Collins Ave #825	Sunny Isles Beach, FL 33160
MGRM	Melvyn Wolfond	16445 Collins Ave #1821	Sunny Isles Beach, FL 33160

REINSTATEMENT - 2009 - 2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Harold Rosenstein

Date

9/24/12

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Harold Rosenstein**