

**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # L06000073454

1. Entity Name
AMSC, LLC



Principal Place of Business
3000 SOUTH OCEAN BLVD., #507
PALM BEACH, FL 33480

Mailing Address
3000 SOUTH OCEAN BLVD., #507
PALM BEACH, FL 33480

* Principal Place of Business - No P.O. Box #
3000 S. OCEAN BLVD

3. Mailing Address
S

Suite, Apt. #, etc.
Apt 507

Suite, Apt. #, etc.

City & State

Florida Palm Beach

City & State

Zip **33480**

Country **USA**

Zip

Country

10092007 REIN-LLC CR2E101 (1/07)

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAAD, M. J.
3000 SOUTH OCEAN BLVD., #507
PALM BEACH, FL 33480

Name **M. J SAAD**

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

3000 S. OCEAN BLVD

City **Palm Beach**

FL **33480**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
NAME **SAAD, M. J.**
STREET ADDRESS **3000 SOUTH OCEAN BLVD., #507**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **700111194537** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
10/23/07-01019--001 **++150.00**

TITLE **SAAD, M. J.** Delete
NAME
STREET ADDRESS **3000 S. OCEAN BLVD**
CITY-ST-ZIP **Palm Beach 33480**

TITLE **700111194537** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE **700111194537** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

M. J SAAD

10/14/07

Date

Daytime Phone #