

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 MAY 24 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO6 0000 76352

1. Limited Liability Company's Name  
A-I AMERICAN COMMUNICATIONS LLC

400177205964  
04/23/10--01007--024 \*\*\$16.25  
CR2E041 (11/09)

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

6600 NW 27 AVE

Suite, Apt. #, etc.

SUITE A-10

City & State

MIAMI FL

Zip

33147

Country

MIAMI-DADE

3. Mailing Office Address

6600 NW 27 AVE

Suite, Apt. #, etc.

SUITE A-10

City & State

MIAMI, FL

Zip

33147

Country

MIAMI-DADE

4. State/Country of Formation

FLORIDA MIAMI-DADE

5. Date Organized or Qualified  
To Do Business in Florida

8/02/06

6. FEI Number

Applied For

Not Applied

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CLIVE FORREST

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

6600 NW 27 AVE

Suite, Apt. #, Etc.

SUITE A-10

City

MIAMI

State

FL

Zip Code

33147

☒ 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

CLIVE FORREST

REGISTERED AGENT MUST SIGN

Date

4/19/2010

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
<u>MGRM</u>	<u>CLIVE FORREST</u>	<u>6600 NW 27 AVE</u>	<u>MIAMI FL 33147</u>

REINSTATEMENT

67-10

400177205964  
05/26/10--01002--016 \*\*\$38.75

OK 5-26-10

11. E-mail Address:

(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 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

CLIVE FORREST

Date

4/19/2010

Daytime Phone #

786 269 0882

Typed or printed name of signing Managing Member/Manager