

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000091670

1. Limited Liability Company's Name

AJMD INVESTMENTS HOLDING COMPANY LLC

2. Principal Office Address - No P.O. Box #  
9145 SW 171 TERRACE

Suite, Apt. #, etc.

City & State  
PALMETTO BAY, FL

Zip Country  
33157 US

3. Mailing Office Address  
9145 SW 171 TERRACE

Suite, Apt. #, etc.

City & State  
PALMETTO BAY, FL

Zip Country  
33157 US

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida  
09/19/2006

6. FEI Number  
20-5608893

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  
ACCOUNTING PLUS MORE

Street Address (P.O. Box Number is Not Acceptable)  
4100 CORPORATE SQ

Suite, Apt. #, Etc.  
153

City State Zip Code  
NAPLES FL 34104

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/23/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	ALEXANDER E DESANTIS ETRUSTEE	9145 SW 171 TERRACE	PALMETTO BAY, FL 33157

Oct 20 2014

11. E-mail Address: yudy@accountingplusmore.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Typed or printed name of signing Authorized Representative/Manager

Date 10/23/14

Daytime Phone # (786) 709-3645

Alexander E De Santis