

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 30 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO6000100185**

1. Limited Liability Company's Name

AMP FUND MANAGER, LLC

300180259883
05/04/10--01008--012 **555.00

CR2E041 (11/09)

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Office Address - No P.O. Box # 2890 NE 187th Street | | 3. Mailing Office Address 2890 NE 187th Street | |
| Suite, Apt. #, etc 2nd Floor | | Suite, Apt. #, etc 2nd Floor | |
| City & State Aventura FL | | City & State Aventura FL | |
| Zip 33180 | Country USA | Zip 33180 | Country USA |

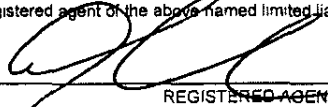
| | |
|--|---|
| 4. State/Country of Formation FL/MIAMI DADE | |
| 5. Date Organized or Qualified To Do Business in Florida 10/13/66 | |
| 6. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

| | | |
|---|--------------------|--------------------------|
| Name AQUA MARINE PARTNERS, LLC | | |
| Street Address (P.O. Box Number is Not Acceptable) 2890 NE 187th Street | | |
| Suite, Apt. #, Etc 2nd Floor | | |
| City Aventura | State FL | Zip Code 33180 |

☒ 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  Date **4-28-10**
REGISTERED AGENT MUST SIGN **Andrew Sturmer as CEO/Manager**

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 |
|------------|-----------------------------------|--|--------------------------|
| MBR | AQUA MARINE PARTNERS, LLC | 2890 NE 187th Street | Aventura FL 33180 |
| | L. SELLERS | | |
| | MAY -7 2010 | | |
| | EXAMINER | REINSTATEMENT | 07-2010 |

11. E-mail Address: **andy@aquamarinepartners.com**

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  Date **4-28-10** Daytime Phone # **954-602-9400**

Typed or printed name of signing Managing Member/Manager **AQUA MARINE PARTNERS, LLC by its CEO/Manager Andrew Sturmer**