

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 070000001438

1. Limited Liability Company's Name

AMY LLC

FILED

10 JUN 14 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06/03/10--01031--001 \*\*277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 3216 FOWLER ST		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT MYERS FL		City & State	
Zip 33901	Country LEE	Zip	Country

4. State/Country of Formation FLORIDA (USA)	
5. Date Organized or Qualified To Do Business in Florida 1/4/2007	
6. FEI Number 20-8161992	Applied For 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 MARIO E DOMINGUEZ			
Street Address (P.O. Box Number is Not Acceptable) 3913 10TH ST WEST			
Suite, Apt. #, Etc.			
City LEHIGH ACRES	State FL	Zip Code 33971	

☒ 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 5/15/10  
REGISTERED AGENT MUST SIGN

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
P	MARIO E DOMINGUEZ	3913 10TH ST WEST	LEHIGH ACRES FL 33971

11. E-mail Address: TAXJOSE@AOL.COM

(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 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 5/15/10 Daytime Phone # 917-545-5673  
Typed or printed name of signing Managing Member/Manager