

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# L070000 45553

1. Limited Liability Company's Name

telony as provided for in s. 817,155, F.S.

Signature of authorized representative/member,

Typed or printed name of signing authorized representative/member

amati Solutions LLC

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Principal Office Address - No P.O. Box # 3. Mailing Of			ffice Address		CR2E041 (1/14)	<u>a **1100.00</u>	
·		<u> </u>	9-# McElroy S+		State/Country of Formation		
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #, etc.			FL/USA		
1		/			5. Date Organized or Qualified To Do Business in Boords		
City & State City & State		City & State			To Do Business in Florida 4-30-2007 FEI Number Applied For		
Tallahassee FL 7.		Tallahasse	Tallahassee		I of Alburtha		
Zip	Country	Zip	Country			Not Applicable Additional Fee required artificate of status	
3231	O USA	32310	USA	CERTIFICATE (OF STATUS DESIRED 65.00 A	irtificate of status	
	8. Name and Addres	s of Current Registered A	.gent				
Name M/	ATHIEU JOSEPH	·					
250			· · · · · · · · · · · · · · · · · · ·				
Apt. #, Etc	£.	<u>~ </u>					
City Tall	a hassee		State Zip Code FL 3 2 3 / (:			
	appointed the registered agent of the a	boye named limited liability of	ompany, am familiar with an	d accept the obligation	ns of Chapter 605, F.S.	·	
Signature of Registered A					Date 8-11-	2020	
		REGISTERED AGENT MUST	SIGN				
10 Names	and Street Addresses of Authorized Repr	esentatives/Managers			-		
Titles	Name of Authorized Representative Managers	st	Street Address of Each Authorized Representati Manager		City / State / Zip		
MGRM	JosePH, Mathieu	256	2569-1 Mc E/roy		Tallahassee FC 32310		
MGR Emil	Emile Carine	600	Dixie Dr.	1pt 112	Tallahassee	FC 32304	
				3000	- 3030		
			·		lai	0606/P)	
						duc	
11, E-mail A	Address: Omatisolut	ions@gm	ail·com_				
	that I am an authorized representative	(100e u	son for returne surprise telebour trong		as provided for in Chanter 66	15. F.S. I further	
certify that v	when filing this reinstatement application in the same legal effect as if made under the same legal effect as if made under	on the reason for dissolution	n has been eliminated, the een paid. The information i	limited liability compa indicated on this appl	any name satisfies the require	ment of section and my signature	