

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L10000059262

1. Limited Liability Company's Name

AMERICAN ELECTRIC MIAMI LLC

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

19355 TURNBERYWAY

Suite, Apt. #, etc.

23E AVENTURA

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

2000 NEW 46TH ST.

Suite, Apt. #, etc.

NORTH MIAMI FL

City & State

MIAMI FL

Zip

33181

Country

USA

8. Name and Address of Current Registered Agent

Name

ARIE W. GAD

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

19667 TURNBERY WAY APT 25B

Apt. #, Etc.

AVENTURA

City

AVENTURA

State

FL

Zip Code

33180

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

4/20/17

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	ARIE W. GAD	19667 TURNBERY 25B WAY, AVENTURA FL 33180	
	D. BRUCE MAY 01 2017		
	REINSTATEMENT		2014-2017

11. E-mail Address:

ariyandigad@gmail.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

4/20/17

Daytime Phone

(786) 440-9999

Typed or printed name of signing authorized representative/member

200 APR 21 P 1:11  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business In Florida

6/02/2010

6. FEI Number

27-2766150

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

600298465446  
04/26/17--01021--001 \*\*655.00