

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 SEP 26 AM 9:56

SECRETARY OF STATE
THASSEFF

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09/26/17--01008--003 **238.75

CR2E041 (12/13)

DOCUMENT # L1000070396

1. Limited Liability Company's Name

AMC Infrastructure LLC

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

2424 Monticello Dr

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 20442

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip Country

Leon

City & State

Tallahassee, FL

Zip Country

32316

Leon

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

01072182

☐ 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

James W Green

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

10041 Blue Waters Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

E-mail Address:

James@amcinfrastructure.com

(To be used for future annual report notices)

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

Date 09/26/17

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	James Green	10041 Blue Waters Rd	Tallahassee, FL, 32305
REINSTATEMENT			
SEP 26 2017			
R. HUNT			

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

Date 9/26/17

Daytime Phone # 850-841-0664

Typed or printed name of signing Authorized Person