PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR -1 AM 9:55

DOCUMENT # L12000070760

1. Limited Liability Company's Name
AMA3200, LLC

W15-18757

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8 FORD LANE	8 FORD LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROSELAND, NJ	City & State: ROSELAND, NJ
Zip: 07068 Country: USA	Zip: 07068 Country: USa

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 05/25/2012

6. FEI Number: ☑ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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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 _____

REGISTERED AGENT MUST SIGN

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
AMBR	MICHAEL ASCHER	8 FORD LANE	ROSELAND, NJ 07068

REINSTATEMENT

APR 01 2015
R. HUNT

11. E-mail Address: maschers5@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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Michael Ascher Date: 3-6-15 Daytime Phone #: 973 586 4903

Typed or printed name of signing Authorized Representative/Manager: MICHAEL ASCHER