

PLEASE READ ALL INSTRUCTIONS BEFORE

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000163646

1. Limited Liability Company's Name

AMPR MARBLES INVESTORS, LLC

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

980 NORTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 315

City & State

BOCA RATON, FLORIDA

Zip

33432

Country

UNITED STATES

3. Mailing Office Address

980 NORHT FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 315

City & State

BOCA RATON, FLORIDA

Zip

33432

Country

UNITED STATES

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/21/2014

6. FBI Number

37-1780058

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) Suite,

1201 HAYS STREET

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

800279414108

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Melissa Zender
Asst. Vice President

Date 11/23/15

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	MICHAEL KAZMA	980 North Federal Highway, Suite 315	Boca Raton, FL 33432

REINSTATEMENT

11. E-mail Address: msoto@amzak.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 805, 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 805.0012, 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

11/19/2015

Daytime Phone #

561-953 4164

Typed or printed name of signing authorized representative/member Michael Kazma

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 882487 7567450
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 238.75

ORDER DATE : November 23, 2015
ORDER TIME : 10:24 AM
ORDER NO. : 882487-005
CUSTOMER NO: 7567450

RECEIVED
DEPARTMENT OF STATE
15 NOV 23 AM 11:18
NOT A FILING
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: AMPR MARBLES INVESTORS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext# 62956

EXAMINER'S INITIALS _____