

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

L20000368712

DOCUMENT # L20000368712

1. Limited Liability Company's Name  
THE AMATO GROUP LLC

2. Principal Office Address - No P.O. Box #  
2680 N Orange Avenue

Suite, Apt. #, etc.  
1405

City & State  
Orlando, FL

Zip Country  
32804 USA

3 Mailing Office Address  
2680 N Orange Avenue

Suite, Apt. #, etc.  
1405

City & State  
Orlando, FL

Zip Country  
32804 USA

CR2E041 (1/14)

4. State/Country of Formation  
FL/ORANGE

5 Date Organized or Qualified  
To Do Business in Florida 11/20/2020

6. FEI Number  
86-2381078

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  
Craig Amato

Street Address (P.O. Box Number is Not Acceptable) Suite,  
2680 N Orange Avenue

Apt. #, Etc.  
1405

City State Zip Code  
Orlando FL 32804

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

*Craig Amato*

REGISTERED AGENT MUST SIGN

Date

4/11/24

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	Craig Amato	2680 N Orange Avenue #1405	Orlando / FL / 32804
MGR	Ariana E Barnes Perez	2680 N Orange Avenue #1405	Orlando / FL / 32804

11. E-mail Address: craigsamato@yahoo.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

*Craig Amato*

Date

4-11-24

Daytime Phone #

407-509-1519