

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUN 10 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company **DOCUMENT # L93000000128**

**AMS Company, L.C.**  
**3825 Navy Blvd.**  
**Pensacola, FL 32507**

1a. Principal Place of Business Address

**4400 Mobile Highway**  
**Pensacola, FL 32506**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

**4400 Mobile Hwy.**

Suite, Apt. #, etc.

City & State

**Pensacola, FL**

Zip

**32506**

Country

**USA**

2a. Mailing Address

**4400 Mobile Hwy.**

Suite, Apt. #, etc.

City & State

**Pensacola, FL**

Zip

**32506**

Country

**USA**

3. Date Organized or Qualified

**4/20/93**

3a. State of Formation

**FL**

4. FEI Number

☐ Applied For

☒ Not Applicable

5. Date of Last Report

**1993**

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

**Albert C. Graf**  
**3825 Navy Blvd.**  
**Pensacola, FL 32507**

8. Name and Address of New Registered Agent

Name

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

**4400 Mobile Hwy.**

Suite, Apt. #, etc.

City

**Pensacola**

**900002560629--5**

**-06/16/98--01047--002**

**\*\*\*1443.75 \*\*\*1443.75**

**FL 32506**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Albert C. Graf*

Date

**6-9-98**

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGR

**Albert C. Graf**

**4400 Mobile Highway**

**Pensacola, FL 32506**

MGRM

**Susan F. Graf**

**4400 Mobile Highway**

**Pensacola, FL 32506**

MGRM

**Albert C. Graf, As**  
**Trustee of**  
**Michael C. Graf**  
**Trust of April 18, 1993**

**4400 Mobile Highway**

**Pensacola, FL 32506**

REINSTATEMENT

**94-98**

*dec*

11. I certify that I am managing member/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 608.406, 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.

Signature of  
Managing Member/Manager

*Albert C. Graf*

Date

**6-9-98**

Daytime Phone #

**850 456-5771**

Typed or printed name of signing Managing Member/Manager

**BAKER & DUKE**  
ATTORNEYS AT LAW

Steven J. Baker  
T. Harrison Duke  
Charles M. Daniels  
Nadya D. Vecchiet-Lambert

June 9, 1998

Secretary of State  
Reinstatement Division  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Reinstatement of AMS Company

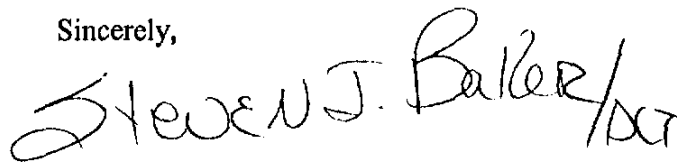
To Whom It May Concern:

Please find as follows:

1. Reinstatement form executed by Albert C. Graf.
2. Check in the amount of 1443.75 for reinstatement fees.

If you have any questions or comments, please do not hesitate to contact myself or my legal assistant, Donna Thompson.

Sincerely,

A handwritten signature in black ink that reads "Steven J. Baker" with a stylized flourish at the end.

STEVEN J. BAKER

SJB:dlt

POST OFFICE BOX 66  
15 WEST LA RUE STREET  
PENSACOLA, FLORIDA 32591

(850) 434-3009  
FAX (850) 434-7253