

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

1. DOCUMENT # L94000000453

Name and Mailing Address

0006517 01 AT 0.292 \*\*AUTO T5 0 0615 33146-303290

AMERICAS ASSET MANAGEMENT, L.C.  
1501 VENERA AVE., #340  
CORAL GABLES FL 33146-3032

800025265588  
12/08/03--01003--025 \*\*150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

1501 VENERA AVE., #340  
CORAL GABLES FL 33146

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 09/12/1994

6. FEI Number  
65-0527006

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

FERNANDEZ, GUILLERMO  
1501 VENERA AVE., #340  
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/23/03

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing<br>Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip    |
|----------|--------------------------------------|---|-----------------------|
| MGR      | FERNANDEZ, GUILLERMO                 | 1845 SNAPPER CREEK RD                             | CORAL GABLES FL 33156 |
| MGR      | NANNINI, MAURO B                     | 6300 CABALLERO BLVD.                              | CORAL GABLES FL 33161 |
|          |                                      |   |                       |
|          |                                      |   |                       |
|          |                                      |   |                       |
|          |                                      |   |                       |
|          |                                      |   |                       |

12. 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

**SIGNATURE REQUIRED**

Date 10/23/03 Daytime Phone # (305) 899-1000

Typed or printed name of signing Managing Member/Manager

MAURO NANNINI

CR2E034 (7/03)