

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
2015**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 DEC 31 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003685

1. Limited Liability Company's Name

ACCOUNT SERVICES MANAGEMENT, LLC

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

1015 10th St.

Suite, Apt #, etc

3. Mailing Office Address

1015 10th St.

Suite, Apt #, etc

City & State

Lake Park, FL

City & State

Lake Park, FL

Zip

33403

Country

US

Zip

33403

Country

US

8. Name and Address of Current Registered Agent

Name

Simoes, Randall

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

1015 10th St.

Apt #, Etc

City

Lake Park

State

FL

Zip Code

33403

CR2E041 (1/14)

4. State/Country of Formation

FL/US

5. Date Organized or Qualified  
To Do Business in Florida

06/18/1999

6. FEI Number

65-0930695

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

500280546125  
01/04/16--01008--022 \*\*238.75

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/28/15

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	Simoes, Randall	1015 10th St.	Lake Park, FL 33403

11. E-mail Address: randalls@ppicash.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

*[Signature]*

Date 12/28/15

Daytime Phone # 561-472-1502

Typed or printed name of signing authorized representative/member

Randall Simoes, Manager

K. ASHTON