

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT 12 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M00000001061

1. Limited Liability Company's Name

AMERITEL SERVICES, LLC

200041818042
10/12/04--01044--006. **300.00

2. Principal Office Address

6689 NW 16TH TERR

3. Mailing Office Address

6689 NW 16TH TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip 33309

Country

USA

Zip

33309

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

ALAN D. STUPARITZ

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

900 E. ATLANTIC BLVD.

Suite, Apt. #, Etc.

SUITE 17

City

POMPANO BEACH

State

FL

Zip Code

33060

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

Alan D. Stuparitz

REGISTERED AGENT MUST SIGN

Date

10-7-04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PD	C. LEO SMITH	6689 NW 16 TH TERR	FORT LAUDERDALE, FL 33309

REINSTATEMENT

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

C. Leo Smith

Date

10-7-04

Daytime Phone #

954-978-9090

Typed or printed name of signing Managing Member/Manager

C. LEO SMITH

CR2E041 (10/02)