

M020000001933

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -6 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M020000001933

1. Limited Liability Company's Name

A L Management LLC

2. Principal Office Address

675 Fairview Dr

Suite, Apt. #, etc.

#246

City & State

CARSON city NV

Zip

89701

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

NEVADA

5. Date Organized or Qualified
To Do Business in Florida

July 2002

6. FEI Number

45-0475660

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

RANI MAMMANA

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

23819 Plantation Palms Blvd

Suite, Apt. #, Etc.

City

Land O Lakes

State

FL

Zip Code

34639

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

Rani Mammanna

Date

REGISTERED AGENT MUST SIGN

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
MGR	ERIC MARCHAND	3837 Northdale Blvd #162	Tampa FL 33624

REINSTATEMENT 2003

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

Eric Marchand

Date

Daytime Phone #

813-924-1956

Typed or printed name of signing Managing Member/Manager

ERIC MARCHAND

CR2E041 (10/02)