

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -8 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000003290

1. Limited Liability Company's Name

A&M OF KEY WEST LLC

CR2E041 (12/07)

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

329 DUVAL STREET

Suite, Apt. #, etc.

3. Mailing Office Address

329 DUVAL ST

Suite, Apt. #, etc.

City & State

KEY WEST FLA

City & State

Zip

33040

Country

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/01/03

6. FEI Number

050623501

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

MORDECHAI ARAZI

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

25 SEA LORE

Suite, Apt. #, Etc.

City

KEY WEST

State
FLZip Code
33040☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 1.2.08

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
MGRM	MORDECHAI ARAZI	25 SEA LORE	KEY WEST FLA 33040
			800113820198 01/04/08--01037--006 ***377.50

REINSTATEMENT 07-08

GA 1/8

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

Date 1.2.08

Daytime Phone # (305) 9834651

Typed or printed name of signing Managing Member/Manager