

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

122

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 DEC 20 11 53 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200306868092

DOCUMENT # M16000005434

1. Limited Liability Company's Name

AMAC Holdings II LLC

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

333 Earle Ovington Blvd.

Suite, Apt #, etc

Suite 900

City & State

Uniondale, NY

Zip

11553

Country

3. Mailing Office Address

same as #2

Suite, Apt #, etc

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified

To Do Business in Florida 7/7/2016

6. FEI Number

46-5627055

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

Corporation Service Company

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

201 HAYS STREET

Apt #, Etc

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Roxanne Turner

Roxanne Turner
Asst. Vice President

Date 12/19/17

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	AMAC Manager II LLC	333 Earle Ovington Blvd., Suite 900	Uniondale, NY 11553

11. E-mail Address

(To be used for future annual report notifications)

2. 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 05.0012, 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

Ann Marie Pozzini Date 12/18/2017

Daytime Phone # 516-506-4420

Typed or printed name of signing authorized representative/member

Ann Marie Pozzini

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 962764 7495468

AUTHORIZATION :

COST LIMIT : \$ 238.75



ORDER DATE : December 18, 2017

ORDER TIME : 11:15 AM

ORDER NO. : 962764-010

CUSTOMER NO: 7495468

REINSTATEMENT

NAME: AMAC HOLDINGS II LLC

2017 DEC 18 PM 4:23

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____