PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 DEC 20 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400306886074

DOCUMENT # M16000005442

1 Limited Liability Company's Name
AMAC Manager II LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
333 Earle Ovington Blvd.	same as #2
Suite, Apt. #, etc Suite 900	Suite, Apt. #, etc
City & State Uniondale, NY	City & State
Zip / Country 11553	Zip / Country

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 7/7/2016

6. FEI Number
47-1404290
☐ 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,
1201 HAYS STREET

Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	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 Asst. Vice President Date 12/19/17
REGISTERED AGENT MUST SIGN

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
MBR	Maurice Kaufman	333 Earle Ovington Blvd., Suite 900	Uniondale, NY 11553

11 E-mail Address _____
(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 Ann Marie Pozzini Date 12/18/2017 Daytime Phone # 516-506-4420

Typed or printed name of signing authorized representative/member Ann Marie Pozzini

K. ASHTON

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

ACCOUNT NO. : I20000000195

REFERENCE : 962764 7495468

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : December 18, 2017

ORDER TIME : 10:53 AM

ORDER NO. : 962764-005

CUSTOMER NO: 7495468

REINSTATEMENT

NAME: AMAC MANAGER II LLC

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 _____