

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M98000000243		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 NOV 26 PM 4:16	
1. Limited Liability Company's Name AMW, LLC (Goodin KRAEGE Abernathy + Miller)			
2. Principal Office Address 8555 N. River Rd Suite, Apt. #, etc. #400 City & State INDPLS - IN Zip 46240 Country USA		3. Mailing Office Address 8555 N. River Rd Suite, Apt. #, etc. #400 City & State Indpls Zip 46240 Country USA	
4. State/Country of Formation Indiana USA		5. Date Organized or Qualified To Do Business in Florida 3/2/98	
6. FEI Number 35-2043008		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$500 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name MARK W. Stober Street Address (P.O. Box Number is Not Acceptable) 14647 Pine Glen CR Suite, Apt. #, Etc. Lutz City Lutz State FL Zip Code 33549 Run 100 VBR 50 150 14			
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 Date 11-5-01 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 Richard C. KRAEGE 8555 N. River Rd #400 Indpls IN 46240 MGR Jon C. Abernathy MGRM James A. Goodin 100004717881-8 MGRM Patrick L. Miller -12/11/01-01016-002 MGRM Patrick F. Mastrian *****150.00 *****150.00			
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 Typed or printed name of signing Managing Member/Manager RICHARD C. KRAEGE Date 11/3/01 Daytime Phone # 317-843-2606			