

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000025493

FILED

04 MAR 15 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000025493**

1. Limited Liability Company's Name

AD EMERALD ASSOC., LLC.

2. Principal Office Address

1717 N. BAYSHORE DR.

Suite, Apt. #, etc.

#215

City & State

MIAMI, FL

Zip

33132

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

9/16/02

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

30-0141661

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

DENNIS R. BEDARD

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

1717 N. BAYSHORE DR. #215

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33132

800030486108

03/15/04--01068--005 **209.00

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

3/8/04

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
President	E. DALVO DECASTRO	1717 N. BAYSHORE DR. #215	MIAMI, FL 33132

2003-2004 cert

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

[Handwritten Signature]

Date

3/8/04

Daytime Phone #

305-350-1876

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)