

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

2011 Dec-28 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L09000119325

1. Limited Liability Company's Name

**ADS Real Estate Consulting, LLC**

2. Principal Office Address - No P.O. Box # <b>4747 Collins Ave</b>		3. Mailing Office Address <b>4747 Collins Ave</b>	
Suite, Apt. #, etc. <b>Suite 516</b>		Suite, Apt. #, etc. <b>Suite 516</b>	
City & State <b>Miami Beach, Florida</b>		City & State <b>Miami Beach, Florida</b>	
Zip <b>33140</b>	Country <b>USA</b>	Zip <b>33140</b>	Country <b>USA</b>

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida **12/16/2009**

6. FEI Number  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 **Daron Stein**

Street Address (P.O. Box Number is Not Acceptable)  
**4747 Collins Ave**

Suite, Apt. #, Etc.  
**516**

City **MIAMI BEACH** State **FL** Zip Code **33140**

E-mail Address:

**100215595121**  
**12/28/11--01047--001 \*\*382.50**  
**adsrealestateconsulting@gmail.com**  
(To be used for future annual report notices)

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 *D Stein* Date 12/27/2011

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
MGRM	<b>Ari Spitzer</b>	<b>4747 Collins Ave, Suite 516</b>	<b>Miami Beach, Florida, 33140</b>
MGRM	<b>Baruch Ruttner</b>	<b>4747 Collins Ave, Suite 516</b>	<b>Miami Beach, Florida, 33140</b>
MGRM	<b>Daron Stein</b>	<b>4747 Collins Ave, Suite 516</b>	<b>Miami Beach, Florida, 33140</b>

**REINSTATEMENT 10-11**  
*SL*

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. 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 Managing Member/Manager *D Stein* Date 12/27/2011 Daytime Phone # 646-660-5223

Typed or printed name of signing Managing Member/Manager Daron Stein