

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M05000004624

1. Limited Liability Company's Name

**ADF Property Company, LLC**

06

2. Principal Office Address - No P.O. Box #  
**350 Passaic Avenue**

3. Mailing Office Address  
**c/o 8000 Norman Center Drive**

Suite, Apt. #, etc.  
**2nd Floor**

Suite, Apt. #, etc.  
**Suite 1000**

City & State  
**Fairfield, NJ**

City & State  
**Minneapolis, MN**

Zip  
**07004**

Country  
**USA**

Zip  
**55437**

Country  
**USA**

State/Country of Formation  
**Delaware**

5. Date Organized or Qualified  
To Do Business in Florida **8-19-2005**

6. FEI Number  
**20-3444843**

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)  
**1201 Hays Street**

Suite, Apt. #, Etc.

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32301**

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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 **/s/ JEANINE REYNOLDS**

Date

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	Donald K. Harty	350 Passaic Avenue, 2nd Floor	Fairfield, NJ 07004
MGR	Michael Lubitz	350 Passaic Avenue, 2nd Floor	Fairfield, NJ 07004

**REINSTATEMENT 2006-2007**

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

Date **10/24/07**

Daytime Phone # **973-808-9525**

Typed or printed name of signing Managing Member/Manager

**Michael LUBITZ**



CORPORATION SERVICE COMPANY

**M05000004624**

ACCOUNT NO. : 072100000032

REFERENCE : 287119 5150630

AUTHORIZATION :

COST LIMIT : \$ ~~105.00~~

ORDER DATE : October 24, 2007

ORDER TIME : 12:33 PM

ORDER NO. : 287119-005

CUSTOMER NO: 5150630

REINSTATEMENT

NAME: ADF PROPERTY COMPANY, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS

RECEIVED  
07 OCT 24 PM 2:52  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

FILED  
07 OCT 25 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PK*