

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 17 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000000126

1. Limited Liability Company's Name

AD2K, LLC

NOTE: THIS IS CAPITAL LETTER "O" AND NOT ZERO.
THE NAME IS NOT INDEXED CORRECTLY.

2. Principal Office Address - No P.O. Box #

306 GOLDEN GATE POINT

Suite, Apt. #, etc.

APT. 5

3. Mailing Office Address

306 GOLDEN GATE POINT

Suite, Apt. #, etc.

APT 5

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34236

Country

SARASOTA

Zip

34236

Country

SARASOTA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1/4/00

6. FEI Number

59-3637655

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

WILLIAM J. FULLER, III

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

423 BURNS COURT

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

☒ 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

REGISTERED AGENT MUST SIGN

Date 3/29/07

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/M MGR	MICHAEL L. ADAMS	306 GOLDEN GATE POINT APT 5	SARASOTA, FL 34236 000101774830 05/08/07--01010--016 **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

Date 3/29/07

Daytime Phone #

727-580-3620

Typed or printed name of signing Managing Member/Manager

MICHAEL L. ADAMS