

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L00000000126 FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000126

1. Limited Liability Company's Name

AO2K, LLC

100011180811
01/29/03--01048--008 **200.00

2. Principal Office Address
610 Garrison Cove Lane

3. Mailing Office Address
610 Garrison Cove Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip Country
33602 US

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33602 US

4. State/Country of Formation
Florida/US

5. Date Organized or Qualified
To Do Business in Florida 1/4/2000

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)

630 South Orange Avenue

Suite, Apt. #, Etc.

Suite 104

City

Sarasota

State
FL

Zip Code
34236

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

1/20/03

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
P/D	Michael L. Adams	610 Garrison Cove Lane	Tampa, FL 33602
V/D	Rey M. Ortega	610 Garrison Cove Lane	Tampa, FL 33602

REINSTATEMENT 2002-2003

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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 1/13/03

Daytime Phone # 813 228-8499

Typed or printed name of signing Managing Member/Manager