

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 NOV 28 AM 8:48

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # L00000003759

1. Limited Liability Company's Name
ADLER FAMILY INVESTMENTS, LLC

11-12 CR2E041 (1/11)

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

1700 NE 26th Street

3. Mailing Office Address

P.O. Box 24787

Suite, Apt. #, etc.
#4

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL 33305

City & State

Ft. Lauderdale, FL

Zip

33305-1430

Country

USA

Zip

33307

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

04/03/2000

6. FEI Number

651015078

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

KARL W. ADLER

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

1700 NE 26th STREET

Suite, Apt. #, Etc.

#4

City

Fort Lauderdale

State

FL

Zip Code

33305-1430

E-mail Address:

200242191472
11/28/12--01020--013 **377.50

atanotice@gate.net

(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

Karl W. Adler

Date **NOV. 27, 2012**

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
MGR	KARL W. ADLER	1700 NE 26th Street #4	Fort Lauderdale, FL 33305
			S. PRATHER
			NOV 28 2012
			NOV 28 2012
			S. PRATHER

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

Karl W. Adler

Date **NOV. 27, 2012**

Daytime Phone # **954-566-3237**

Typed or printed name of signing Managing Member/Manager