

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 09 AM 10:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L00000004097

1. Limited Liability Company's Name

ADAMS FAMILY, L.L.C.

07

200161539732
10/09/09 - 01024 - 003 **\$16.25 ✓

2. Principal Office Address - No P.O. Box #
4351 GULF SHORE BLVD.

Suite, Apt. #, etc.
APT 14-N

City & State
NAPLES FL

Zip
34103

Country
USA

3. Mailing Office Address
4351 GULF SHORE BLVD.

Suite, Apt. #, etc.
APT 14-N

City & State
NAPLES FL

Zip
34103

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 04/05/2000

6. FEI Number
593635576

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
PATRICK F. ADAMS

Street Address (P.O. Box Number is Not Acceptable)
4351 GULF SHORE BLVD.

Suite, Apt. #, Etc.
APT 14-N

City
NAPLES

State
FL

Zip Code
34103

☒ 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

Patrick F. Adams

REGISTERED AGENT MUST SIGN

Date

10/3/09

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	PATRICK F. ADAMS	4351 GULF SHORE BLVD, APT 14-N	NAPLES, FL 34103

REINSTATEMENT *without Penalty*
2007 - 2009 up 10/15/09

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

Patrick F. Adams

Date

10/3/09

Daytime Phone #

239-649-6209

Typed or printed name of signing Managing Member/Manager **PATRICK F. ADAMS, MANAGER**