PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 04 JUL 12 PH 1:40		
			E			
DOCUMENT# L 000000 10853			-	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
			1			
ACCOUNTABLE DESIGNER SERVICES						
*						
Principal Office Address 3. Mailing Of		fice Address		,		
		BOX 1602	4. State/Cour	4. State/Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, e	etc.	5. Date Organ	ized or Qualified /		
City & State City & State		To Do Bu		ness in Florida 9/80		
PALM CITY FL	STUI	ART FL	6. FEI Number			
Zip Country	Zìp	Country	7.	Not Ap	oplicable	
34990 MARTIN	34995	5 MARTIN	CERTIFICATI	OF STATUS DESIRED for a Certificate of		
	. 8. N	ame and Address of Current Regi	stered Agent			
Name MATTHEW	BARTL	FTT		•		
Street Address (P.O. Box Number is Not Acceptable)				00039008956 2/0401020001 **33).	OO.	
2940 500 Suite, Apt. #, Etc.	42 ND AL	/ <u>E</u>	0771	2/0401020001 **330.	. 00	
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PALM CITY				State Zip Code FL 34990		
9. I, being appointed the registered agent of	f the above named limited	l liability company, am famillar with a	and accept the obliga	ions of Chapter 608, F.S.	CR2E041 (10/02)	
Signature of Registered Agent Qee Sont C				Dete 6/29/04	ZEO	
	REGISTERED AGE	ENT MUST SIGN			8	
10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Address of Each				T		
	tes Name of Managing Members/Managers		Each Ianager	City / State / Zip		
MGR MATTHEW F	GR MATTHEW BARTLETT		67	STUART, FL 3494		
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filing this reinstatement application the	eason for dissolution has !	been eliminated, the limited liability o	company name satisfic	ed for in chapter 608, F.S. I further certify that is the requirements of section 608.406, F.S., are ste, and my signature shall have the same legal	nd that	
Signature of Manager Date is Z9 04 Daytime Phone # 772 - 260 - 986/						
Typed or printed name of signing Managing Member/ManagerMATTHEW_BARTLETT						