

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
L01000006101

FLORIDA DEPARTMENT OF STATE

FILED

02 DEC 11 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000006101

1. Limited Liability Company's Name

AD'S ENTERPRISES, L.L.C.
7725 NW 146th Street
Miami Lakes, Florida 33016

500009463715
12/11/02--01022--004 **150.00

2. Principal Office Address
7725 NW 146 Street

3. Mailing Office Address
7725 NW 146 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Lakes, Florida

City & State
Miami Lakes, Florida

Zip
33016

Country
USA

Zip
33016

Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida 4/19/2001

6. FEI Number
04-3590954

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

Sidney Z. Brodie

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

7270 NW 12th Street, Ph-I

Suite, Apt. #, Etc.

City

Miami, Florida

State
FL

Zip Code
33126

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 12/9/2002

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
Mngr	Rolando Rodriguez	7725 NW 146 St Miami Lakes, Fl. 33016	
Mngr	Rolandro Rodriguez J.	"	"
Mngr	Jorge Rodriguez	"	"

REINSTATEMENT

02

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

Jorge Rodriguez

Date 12/9/02 Daytime Phone # 305-556-2400

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)