

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Smith

FILED

1. DOCUMENT # L01000007540

Name and Mailing Address

0007719 01 FP 0.352 **PRSRT T4 0 0615 33496-192319

ADA, LLC

8419 TWIN LAKE DR.

BOCA RATON FL 33496-1923

02 DEC -2 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400008879074

11/07/02--01092--004 **155.00



2. New Mailing Address

310 NORTH SWINTON AVENUE

City, State, Zip

Delray Beach, FL 33444

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/14/2001

Principal Place of Business

8419 TWIN LAKE DR.

BOCA RATON FL 33496

3. New Principal Place of Business Address

310 N. Swinton Avenue

Delray Beach, FL 33444

City, State, Zip

Delray Beach, FL 33444

6. FEI Number

364444 939

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

NRAI SERVICES, INC.

526 E. PARK AVE.

TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Alan Bagliore

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

310 N. Swinton Avenue

City

Delray Beach

FL

Zip Code
33444

10. 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

Alan Bagliore

Date

10/06/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BAGLIORE, ALAN	310 N. SWINTON AVE.	DELRAY, FL 33444

12. 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

Alan Bagliore

Date

10/06/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)