

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 30 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000004096

1. Limited Liability Company's Name

ADG HOLDINGS, LLC

2. Principal Office Address

906 NE 26th Ave

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

3. Mailing Office Address

906 NE 26th Ave

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 2/20/2002

6. FEI Number

56-2366311

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

Dr. Allan D. Gross

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

906 NE 26th Ave.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33304

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

REGISTERED AGENT MUST SIGN

Date

3/26/04

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.	Allan D. Gross	906 NE 26th Ave.	Ft. Lauderdale, FL 33304

000031363890
03/30/04--01010--002 **100.00

REINSTATEMENT 03-04

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

Date

3-26-04

Daytime Phone #

954-727-2870

Typed or printed name of signing Managing Member/Manager

Allan D. Gross, Manager

CR2E041 (10/02)

A Rejuvenating Experience

EXCEPTIONAL DENTISTRY

by Dr. Allan D. Gross

FILED

04 MAR 30 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2082

March 26, 2004

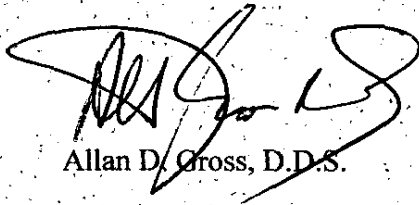
To Whom It May Concern:

The purpose of this letter is to reinstate ADG Holdings, LLC. I would like to relate to you why this reinstatement was necessary.

I moved my business within the last year. The person who I shared my previous office with was continually reluctant to send mail to my new address. So, I have been unaware of many mailings addressed to me. Some were sent to me months after they arrived at the old office, and some not sent to me at all. Apparently, he was upset with me leaving and going on my own way.

I apologize for this unintentional error. Enclosed is a check for \$100.00. \$50.00 is for 2003, and \$50.00 is for 2004. Thank you for your consideration in this matter.

Very truly yours,



Allan D. Gross, D.D.S.