

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 APR 29 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/29/05--01012--012 **255.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO2000007497

1. Limited Liability Company's Name

American Debt Co LLC
31790 US Hwy 19 N #183
Palm Harbor, FL 34684

2. Principal Office Address

31790 US Hwy 19 N #183
Suite, Apt. #, etc. #183

3. Mailing Office Address

Same
Suite, Apt. #, etc. Same

City & State

Palm Harbor, FL Same

Zip

34684 Pinellas Same

4. State/Country of Formation

FL / USA

**5. Date Organized or Qualified
To Do Business in Florida**

3-27-02

6. FEI Number

75-309-1981

Applied For

at 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

Russel G. Loomis

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

8370 55th way

Suite, Apt. #, Etc.

City

Pinellas Park

State

FL

Zip Code

33781

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-28-05

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	Russel G. Loomis	8370 55th way	Pinellas Park FL 33781

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**

[Signature]

Date

4-28-05

Daytime Phone #

727-642-9251

Typed or printed name of signing Managing Member/Manager

Russel Loomis

CR2E041 (10/02)