

L02000004720

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN '09 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/01/07--01016--021 **100.00

CR2E041 (1/07)

DOCUMENT # L02000004720

1. Limited Liability Company's Name

ASOD LLC

9/15/06 ✓

2. Principal Office Address - No P.O. Box #
2320 Hollywood Blvd.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33020

Country

USA

Zip

Country

4. State/Country of Formation
Florida

5. Date Organization Qualified To Do Business in Florida
05/28/2002

6. FEI Number
270019126

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
Mottie Cohen

Street Address (P.O. Box Number is Not Acceptable)
2320 Hollywood Blvd.

Suite, Apt. #, Etc.

City
Hollywood, FL

State
FL

Zip Code
33020

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 COLLEEN MOFFIE
REGISTERED AGENT MUST SIGN

Date 11/15/07

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	Mottie Cohen	2320 Hollywood Blvd.	Hollywood, FL 33020

REINSTATEMENT without Penalty
2006-2007 up 1/11/08

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 COLLEEN MOFFIE

Date 10/30/07

Daytime Phone # 954-865-7434

Typed or printed name of signing Managing Member/Manager