

L02000009720

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

DOCUMENT # L02000009720

1. Limited Liability Company's Name

ASOD LLC

9/15/06 ✓

600111579186
11/01/07--01016--021 **100.00

CR2E041 (1/07)

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

Suite, Apt. #, etc.

City & State
Hollywood, FL

Zip
33020

Country
USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

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

Date 11/15/07

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
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