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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**L020000013871**

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L020000013871

1. Limited Liability Company's Name  
A & D BUILDERS I, L.L.C.

2. Principal Office Address  
8360 W OAKLAND PARK BL

Suite, Apt. #, etc.  
201

City & State  
SUNRISE, FL

Zip  
33351

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip  
Country

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified to Do Business in Florida  
06/05/2002

6. F.E.I. Number ☒ 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  
ARIE MREJEN, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
701 WEST CYPRESS CREEK RD.,

Suite, Apt. #, Etc.  
SUITE 302

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33309

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  
10/9/03

**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
MEM	K & Z VENTURES LLC	8360 W OAKLAND PARK #201	SUNRISE, FL 33351

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  
10/9/03

Typed or printed name of signing Managing Member/Manager  
DAVID KADOCH, Authorized Rep. of K&Z Ventures LLC

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Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : ARIE MREJEN, P.A.  
Account Number : 072100000432  
Phone : (954)747-9780  
Fax Number : (954)337-6345

**LIMITED LIABILITY REINSTATEMENT**

**A & D BUILDERS I, L.L.C.**

Certificate of Status	1
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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 9, 2003

A & D BUILDERS I, L.L.C.  
8360 W. OAKLAND PARK BLVD., STE 201  
SUNRISE, FL 33351

SUBJECT: A & D BUILDERS I, L.L.C.  
REF: L02000013871

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

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