

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 19 AM 9:40

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000022671

Name and Mailing Address

0013001 01 AT 0.292 **AUTO T7 0 0615 33487-161776



ADSHACK, LLC
6971 N. FEDERAL HIGHWAY
SUITE 301
BOCA RATON FL 33487-1617



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/30/2002	
Principal Place of Business 6971 N. FEDERAL HIGHWAY SUITE 301 BOCA RATON FL 33487	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 68-0521753	Applied For Not Applicable
8. Name and Address of Current Registered Agent MOLL, DOUGLAS R 6971 N. FEDERAL HIGHWAY SUITE 301 BOCA RATON FL 33487		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <i>[Signature]</i> SIGNATURE REQUIRED Date 11/9/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MOLL, DOUGLAS R	6971 N. FEDERAL HIGHWAY	BOCA RATON FL 33487
MGR	NGUYEN, TUSAN T	6971 N. FEDERAL HIGHWAY	BOCA RATON FL 33487
MGR	COHEN-MOLL, DEBBIE L	6971 N. FEDERAL HIGHWAY	BOCA RATON FL 33487
MGR	HEFLIN, SHERRI S	6971 N. FEDERAL HIGHWAY	BOCA RATON FL 33487
			200024816932 11/19/03--01003--015 **150.00
REINSTATEMENT 2003			

12. I certify that I am a 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 REQUIRED

Date 11/9/03

Daytime Phone 561-733-8

Typed or printed name of signing Managing Member/Manager

561-862-0815

CR2E084 (7/03)