

L02 000029143

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L02 000029143

1. Limited Liability Company's Name

A.D.G., L.L.C.

2. Principal Office Address

1970 Main Street

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

USA

3. Mailing Office Address

1970 Main Street

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

10/31/2002

6. FEI Number

03-0495954

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

John R. Dunham, III

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

2 North Tamiami Trail

Suite, Apt. #, Etc.

Suite 500

City

Sarasota

State

FL

Zip Code

34236

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

10-8-03

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
MGR	Mr. Daniele Baroni	1970 Main Street	Sarasota, FL 34236
MGRM	Mr. Giovanni Migliorini	1298 N. Palm Avenue	Sarasota, FL 34236
MGRM	Mr. Alessandro Rossi	1970 Main Street	Sarasota, FL 34236

REINSTATEMENT

2003

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

Daytime Phone #

(941) 365-4122

Typed or printed name of signing Managing Member/Manager

Daniele Baroni

CR2E041 (10/02)