

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

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000030027

Name and Mailing Address

0005320 01 AT 0.292 **AUTO T1 0 0615 33065-144350

ALLIED PRODUCT & DEVELOPMENT, LLC
3111 N. UNIVERSITY DRIVE, SUITE 628 418
CORAL SPRINGS FL 33065-1443



2. New Mailing Address

3111 N UNIVERSITY DR SUITE 418
Coral Springs FL 33065-1443

Principal Place of Business

3111 N. UNIVERSITY DRIVE, SUITE 628 418
CORAL SPRINGS FL 33065

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

11/08/2002

6. FEI Number

57-1143685

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

COHN, ALAN B
2021 TYLER STREET
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

PETER SALTZ

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

3111 N UNIVERSITY DR SUITE 418

City

CORAL SPRINGS

FL

33065

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

[Signature]
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/31/03

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 |
|----------|-----------------------------------|------------------------------------------------|------------------------|
| MGRM | ALLIED COMMUNICATIONS CORPORATION | 3111 N. UNIVERSITY DRIVE, SUITE 625 | CORAL SPRINGS FL 33065 |
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REINSTATEMENT 03
dec

12. 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

[Signature]
REQUIRED

Date 10/31/03

Daytime Phone # 954 796 8900 X210

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)