


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAY 26 AM 9:51

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L03000034089

1. Limited Liability Company's Name
 A.S.D.M., LLC

2. Principal Office Address 2875 NE 191 St		3. Mailing Office Address same	
Suite, Apt. #, etc. Ste 604		Suite, Apt. #, etc.	
City & State Aventura, FL		City & State	
Zip 33180	Country US	Zip	Country

CR2E041 (8/05)

4. State/Country of Formation
 FL/US

5. Date Organized or Qualified To Do Business in Florida 09/09/2003

6. FEI Number 61-1456452

7. CERTIFICATE OF STATUS DESIRED **\$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name
 Moshe Schwartz

Street Address (P.O. Box Number is Not Acceptable)
 2875 NE 191 St

Suite, Apt. #, Etc.
 Ste 604

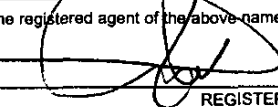
City
 Aventura

State
 FL

Zip Code
 33180

100075892101
 06/06/06 01047 015 **250 00

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  Date 05/16/06

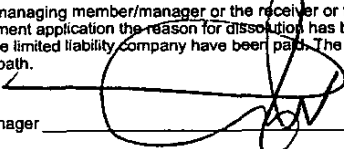
REGISTERED AGENT MUST SIGN

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	Moshe Schwartz	2875 NE 191 St	Aventura, FL 33180

REINSTATEMENT 04-06

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 05/16/06 Daytime Phone# 305-466-4443

Typed or printed name of signing Managing Member/Manager Moshe Schwartz