

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

08 NOV -4 AM 8:23

SECRETARY OF STATE TALLAHASSEE FLORIDA 600136438816 09/29/08--01061--011 \*\*421.25

DOCUMENT # LO3000043168

1. Limited Liability Company's Name

Adler Real Estate, LLC

~~LOG-11-007~~ CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1509 53RD AV WEST Suite, Apt. #, etc. City & State BRADENTON Zip 34207 Country MANATEE 3. Mailing Office Address 1509 53RD AV WEST Suite, Apt. #, etc. City & State BRADENTON Zip 34207 Country MANATEE

4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 11/7/2003 6. FEI Number 56-2415654 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED [X] \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent Name ADLER, JONATHAN A Street Address (P.O. Box Number is Not Acceptable) 1509 53RD AV WEST Suite, Apt. #, Etc. City BRADENTON State FL Zip Code 34207

[X] A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 [Signature] Date 9/25/2008 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers Table with columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entry for Jonathan A. Adler and L. Sellers.

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. Signature of Managing Member/Manager [Signature] Date 9/25/2008 Daytime Phone # 941-753-0220 Typed or printed name of signing Managing Member/Manager JONATHAN A . ADLER MD