PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** 08 NOV -4 AM 8: 23 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS Scord Familiar STATE TALLAHASSEE FLORIDA **60013643881**6 09/29/08--01061--011 **421.25 DOCUMENT # 1. Limited Liability Company's Name Adler Real Estate, LLC Ŧ CR2E041 (10/08) 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 1509 53RD AV WEST 1509 53RD AV WEST 4. State/Country of Formation **FLORIDA** Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 11/7/2003 City & State City & State 6. FE! Number Applied For **BRADENTON BRADENTON** 56-2415654 Not Applicable Zip Country Zip Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status MANATEE 34207 MANATEE 34207 8. Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except ADLER, JONATHAN A in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 1509 53RD AV WEST box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. State Zip Code BRADENTON FL 34207 9. 1, being appointed the registered agent of the above named limite Niability company, am familiar with and accept the obligations of Chapter 608, F.S. Date 9/25/2008 JST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip 1,509 53 nd Au. W. 0 JONATHAN A. Ad/ER NOV - 52008EXAMINER REINSTATEMENT 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 filling 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. Date 9/25/2008 __ Daytime Phone # _ 941-753-0220

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager JONATHAN A . ADLER MD