

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L04000047681			
1. Limited Liability Company's Name ADM Services LLC			
2. Principal Office Address - No P.O. Box # 3476 - Balboa Cl. E. Suite, Apt. #, etc. #		3. Mailing Office Address 3476 - Balboa Cl. E. Suite, Apt. #, etc.	
City & State Naples Fl.		City & State Naples Fl.	
Zip 34105	Country U.S.	Zip 34105	Country U.S.
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 6/25/2004			
6. FEI Number 14-1914615			
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See CC Amended Registration Form for Description of Boxes</small>			
<input type="checkbox"/> 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.			
8. 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 Dorothy A. Martin		Date 12/24/2008	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Dorothy A. Martin	3476 Balboa Cir. E.	Naples, FL 34105
MGRM	Steven J. Martin	3476 Balboa Cir. E.	Naples, FL 34105
			50039377005
REINSTATEMENT			
06/08			
\$105.00			
12/30/08 010841002			
11. I certify that I am managing member/manager or the monitor 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 Dorothy A. Martin Date 12/24/08 Daytime Phone # 239-734-9801			
Typed or printed name of signing Managing Member/Manager Dorothy A. Martin			