PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 30 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (10/08)

DOCUMENT # L04000047681

1. Limited Liability Company's Name
ADM Services LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3476- Balboa Cl. E.	3476- Balboa Cl. E.
Suite, Apt. #, etc.	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 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent
Name: Martin Dorothy A.
Street Address (P.O. Box Number is Not Acceptable): 3476- Balboa Cl. E.
Suite, Apt. #, Etc.
City: Naples State: FL Zip Code: 34105

☐ 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: Dorothy A. Martin REGISTERED AGENT MUST SIGN Date: 12/24/2008

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	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
			500139377065
	REINSTATEMENT		
		0508	$155.00
			12/30/08 01084002

11. I certify that I am managing member/manager or the member 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