

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000059443

1. Limited Liability Company's Name

ADMO PROPERTIES, LLC

2. Principal Office Address - No P.O. Box #

16999 Andalucia Lane

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33446

Country

U.S.

3. Mailing Office Address

16999 Andalucia Lane

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33446

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **8/11/2004**

6. FEI Number

651078688

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

W. Rodgers Moore, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1900 Glades Road

Suite, Apt. #, Etc.

Suite 401

City

Boca Raton

State

FL

Zip Code

33431

☒ 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

Pres.
REGISTERED AGENT MUST SIGN

Date **1/27/09**

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
MMGR	Michael Olsner Properties LLC	16199 Andalucia Lane	Delray Beach, FL 33446

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

Michael Olsner

Date **01/27/09**

Daytime Phone # **761-289-9966**

Typed or printed name of signing Managing Member/Manager

C.O.L.