2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000005006

1. Entity Name
AD4, LLC

FILED
09 JAN 15 AM 8:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 08 09

01092009 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
137 CONCORD DRIVE CASSELBERRY, FL 32707	137 CONCORD DRIVE CASSELBERRY, FL 32707

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. Suite 1117	Suite, Apt. #, etc. Suite 1117
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2172342 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEAN, REYNOLDS 137 CONCORD DRIVE SUITE 1117 CASSELBERRY, FL 32707	Name Street Address (P.O. Box Number is Not Acceptable) 000140775230 01/15/09--01008--027 **277.50 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 1-12-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REYNOLDS, SEAN 137 CONCORD DRIVE CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	add → Suite 1117	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LYONS, JAMES 137 CONCORD DRIVE CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suite 1117	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MACGEORGE, MICHAEL 137 CONCORD DRIVE CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suite 1117	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MACGEORGE, STEVE 137 CONCORD DRIVE CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suite 1117	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STEENBEKE, JOSEPH J 137 CONCORD DRIVE CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suite 1117	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suite 1117	☒ Change ☒ Addition

L. SELLERS
JAN 16 2009
EXAMINER

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 1-12-09 305-394-1740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #