

OCT-07-2008 10:40 From:

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Division of Corporations

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L06 000013175

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Division of Corporations
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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : JACQUELINE F RODRIGUEZ CPA PA

Account Number : 119990000028

Phone : (954) 389-0729

Fax Number : (954) 337-8346

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LIMITED LIABILITY REINSTATEMENT

ADRICIA INVESTMENTS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$238.75

277.50 *th*

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TALLAHASSEE, FLORIDA

CR2ED41 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # L06000013175																							
1. Limited Liability Company's Name ADRICA INVESTMENTS LLC																							
2. Principal Office Address - No P.O. Box # 2427 PASADENA WAY Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.																					
City & State WESTON, FL		City & State																					
Zip 33327	Country USA	Zip	Country																				
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 01/01/2007																					
6. FEI Number 20-5517185		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 WESTON CORPORATE ADMINISTRATRON, LLC Street Address (P.O. Box Number is Not Acceptable) 17150 ROYAL PALM BLVD Suite, Apt. #, Etc. 4 City WESTON, State FL Zip Code 33326																							
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 <u>Jacqueline Rodriguez</u> Date <u>10-7-08</u> REGISTERED AGENT MUST SIGN																							
10. Names and Street Addresses of Managing Members/Managers <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR.</td> <td>ADRIANA RODRIGUEZ LEON</td> <td>2427 PASADENA WAY</td> <td>WESTON, FL 33327</td> </tr> <tr> <td>MGRM</td> <td>EURIS M LEON DE RODRIGUEZ</td> <td>2427 PASADENA WAY</td> <td>WESTON, FL 33327</td> </tr> <tr> <td>MGRM</td> <td>PEDRO RODRIGUEZ</td> <td>2427 Pasadena Way</td> <td>Weston, FL 33327</td> </tr> <tr> <td colspan="4"> REINSTATEMENT 2007-2008 </td> </tr> </tbody> </table>				Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR.	ADRIANA RODRIGUEZ LEON	2427 PASADENA WAY	WESTON, FL 33327	MGRM	EURIS M LEON DE RODRIGUEZ	2427 PASADENA WAY	WESTON, FL 33327	MGRM	PEDRO RODRIGUEZ	2427 Pasadena Way	Weston, FL 33327	REINSTATEMENT 2007-2008			
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REINSTATEMENT 2007-2008																							
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 608.106, 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 <u>Pedro Rodriguez</u> Date <u>Oct 7/2008</u> Daytime Phone # <u>954 389 0729</u> Typed or printed name of signing Managing Member/Manager																							