2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 25 PM 1:54

DOCUMENT # L06000033666

1. Entity Name
999 A.D.M.Y LLC

Principal Place of Business	Mailing Address
~~208 N UNIVERSITY DRIVE~~ ~~PEMBROKE PINES, FL 33024~~	~~208 N UNIVERSITY DRIVE~~ ~~PEMBROKE PINES, FL 33024~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
300 W 41 ST ST #202	SAMC
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33140 Country: US	Zip Country

06232008 REIN-LLC CR2E101 (1/07)

4. FEI Number: 20-4602834 ☐ 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
~~MOYAL, PATRICK R~~ ~~208 N UNIVERSITY DRIVE~~ ~~PEMBROKE PINES, FL 33024~~	Name: AIA iN ALtit Street Address (P.O. Box Number is Not Acceptable): 300 , W 41st SUITE 202 City: Miami BEACH FL Zip Code: 33140

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: X Alam Altit 06/22/08
Signature, type 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.

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALTIT, ALAIN 299 COCOPLUM ROAD CORAL GABLES, FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800131675908 06/25/08--01019--006 **282.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KOBY, YORAM 641 5 TH AVENUE APT#22N NEW YORK, NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM AMUAL, DANIEL 20870 NE 32 AVENUE AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM AMAR, MICHAEL 19425 39 TH AVENUE GOLDEN BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT e/o/r 07-08
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X Alam Altit 06/22/08 305-710-0196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #