

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 DEC 14 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400162505774  
12/10/09--01038--010 \*\*277.50

CR2E041 (11/09)

DOCUMENT # **L07000021417**

1. Limited Liability Company's Name

**AD MARINE SERVICES, LLC**

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

**20635 SW 89 AVE**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 330991**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI FLORIDA**

Zip

**33189**

Country

**USA**

Zip

**33233**

Country

**USA**

4. State/Country of Formation

**FLORIDA / USA**

5. Date Organized or Qualified  
To Do Business in Florida

**02/25/07**

6. FEI Number

**42-1748116**

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

**ALEX DORMOY**

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

**20635 SW 89 AVE**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33189**

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.

*Never received renewal notice*

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

*Alex Dormoy*

REGISTERED AGENT MUST SIGN

Date **11/24/09**

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
MGR	ALEX DORMOY	20635 SW 89 AVE	MIAMI, FL. 33189

**REINSTATEMENT 08-09 AL**

11. E-mail Address: **admarine@bellsouth.net**

(To be used for future annual report notifications)

12. 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

*Alex Dormoy*

Date **11/24/09**

Daytime Phone # **305-338-7347**

Typed or printed name of signing Managing Member/Manager

**ALEX DORMOY**