

# LO7000066674

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 07000066674

1. Limited Liability Company's Name

ADONAI, The Luxury Group, LLC

2012

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

268 EGRET WAY

Suite, Apt. #, etc.

3. Mailing Office Address

268 EGRET WAY

Suite, Apt. #, etc.

City & State

WESTON, FLA.

City & State

WESTON FL

Zip

33327

Country

USA

Zip

33327

Country

USA

8. Name and Address of Current Registered Agent

Name

Nicholas P. Grossi JR.

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

268 EGRET WAY

Suite, Apt. #, Etc.

City

Weston,

State

FL

Zip Code

33327

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/4/12

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
MGRM	GEORGE MATO	2700 NORTH OCEAN BLVD	SINGER ISLAND, FL. 33460
MGRM	NICHOLAS GROSSI	268 EGRET WAY	WESTON, FL. 33327
MGR	RICHARD ADAMS	6485 OXFORD CT.	VERO BEACH, FL. 32966

**REINSTATEMENT 2012**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

[Signature]

Date 10/4/12

Daytime Phone # 305-904-2295

Typed or printed name of signing Managing Member/Manager

BK

12 NOV 13 AM 8:56  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
100240629281  
11/20/12--01003--015 \*\*133.75  
CR2E041 (1/11)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

6/25/07

6. FEI Number

22-3965445

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

E-mail Address:  
100240629281  
10/09/12--01033--012 \*\*105.00

NGROSSI@BELLSOUTH.NET  
(To be used for future annual report notices)