

LO7000070893  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

BK

DOCUMENT # LO7000070893

1. Limited Liability Company's Name

ADDS25.LLC

800176888158  
04/21/10--01028--001 \*\*238.75

CR2E041 (11/09)

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

150 NW 96TH AVE

Suite, Apt. #, etc.

APT 307

City & State

PEMBROKE PINES FL

Zip

33024

Country

USA

3. Mailing Office Address

150 NW 96th AVE

Suite, Apt. #, etc.

APT 307

City & State

PEMBROKE PINES FL

Zip

33024

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

07/09/2007

6. FEI Number

26-0523120

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

ALBERTO DIAZ

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

150 NW 96TH AVE

Suite, Apt. #, Etc.

APT 307

City

PEMBROKE PINES

State

FL

Zip Code

33024

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 04/14/2010

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
President	Alberto Diaz	150 NW 96th Ave apt 307	Pembroke Pines FL 33024
Mar	CARLOS DIAZ	14345 NW 14th street	Pembroke Pines FL 33020

REINSTATEMENT 2008-2010

516.25

800176888158  
04/11/10--01003--002 \*\*277.50

11. E-mail Address: albertodiaz25@gmail.com

(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

*[Signature]*

Date 04/14/2010

Daytime Phone #

954-683-7849

Typed or printed name of signing Managing Member/Manager ALBERTO DIAZ