

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JAN 25 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000098124

1. Limited Liability Company's Name

ALMD, LLC

400166584664
01/19/10--01033--004 **416.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
c/o Mitchell Dannenberg

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

19630 Marino Lake Cir. #2702

City & State

City & State

Miromar Lakes, FL

Zip

Country

Zip

Country

33913

USA

4. State/Country of Formation
FL, USA

5. Date Organized or Qualified
To Do Business in Florida 9/25/2007

6. FEI Number

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

CLASP Inc.

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

3001 Tamiami Trail N, 4th Floor

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

☒ 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.

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

Howard M. Hulse
Howard M. Hulse, Vice President

Date

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	Mitchell Dannenberg		

JB

REINSTATEMENT 2008-10

11. E-mail Address: bross@cl-law.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

Mitchell Dannenberg
Manager

Date

1/7/10

Daytime Phone #

239-461-5511

Typed or printed name of signing Managing Member/Manager

For questions please call:
239.390.8061

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Brandon A.S. Ross
Associate

Master of Laws in Taxation

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CUMMINGS & LOCKWOOD LLC



FILED
10 JAN 25 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 14, 2010

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: ALMD, LLC

Dear Sir or Madam:

Enclosed please find the *Limited Liability Company Reinstatement* for the above-referenced entity along with our firm's check in the amount of \$416.25 covering the required fees.

If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brandon A.S. Ross', written in a cursive style.

Brandon A.S. Ross

BASR/lml
Enclosures

cc: Howard M. Hujsa, Esq.