

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 MAY 21 PM 2:40

DOCUMENT # L11000034243

1. Limited Liability Company's Name
ADPT, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 2438 LAHN LANE Suite, Apt #, etc.		3. Mailing Office Address 2438 LAHN LANE Suite, Apt #, etc.	
City & State MAYS LANDING, NJ		City & State MAYS LANDING, NJ	
Zip 08330	Country USA	Zip 08330	Country USA

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 03/21/2011	
6. FEI Number 45-0903755	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
RALPH CURRY

Street Address (P.O. Box Number is Not Acceptable) Suite,
1112 GOLFVIEW WOODS DR

Apt. #, Etc.

City
RUSKIN

State
FL

Zip Code
33573

800366835818
05/21/21--01024--012 **13/13.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Ralph Curry* Date 5/15/21
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Manager	PARAMANATHAN, ASOKAN	2438 LAHN LANE	MAYS LANDING, NJ 08330
Manager	PARAMANATHAN, DOLLY	2438 LAHN LANE	MAYS LANDING, NJ 08330
Manager	PARAMANANTHAN, PARTHIPAN	2438 LAHN LANE	MAYS LANDING, NJ 08330
Manager	VANNIASINKAM, THIRUMAHAL	2438 LAHN LANE	MAYS LANDING, NJ 08330

REINSTATEMENT
2013-2021

11. E-mail Address ASODOL@MSN.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member *Dolly Paramanathan* Date 5/12/2021 Daytime Phone # (609)335-1770