PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 SEP -9 AM 10: 03
SECRETARY OF STATE
900437711629
10/07/24--01022--008 **125.00

DOCUMENT # L21000164551

1. Limited Liability Company's Name

AD ATELIER + DESIGN LLC
1740 Pinyon Pine Drive
Sarasota, FL 34240

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1740 Pinyon Pine Drive		1740 Pinyon Pine Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Sarasota, FL		Sarasota, FL	
Zip	Country	Zip	Country
34240	USA	34240	USA

CR2E041 (1/14)

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business In Florida: 04/08/2021

6. FEI Number: 86-3520547 — 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: Kevin Miska, CPA

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 100 Wallace Ave, STE 255

City	State	Zip Code
Sarasota, FL 34237	FL	34237

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: Kevin Miska — Date: 07/19/2024
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
AMBR	Alicia Tran	1740 Pinyon Pine Dr	Sarasota, FL 34240
AMBR	Dieu Tran	1740 Pinyon Pine Dr	Sarasota, FL 34240
		reinstatement/RA	
			SEP 2 4 2024
			D CUSHING

11. E-mail Address: modernatelierdesigner@gmail.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: [signature] — Date: 7/19/24 — Daytime Phone #: 406-214-0287

Typed or printed name of signing authorized representative/member: _____