L99000002772

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 16 PM 1:23

DOCUMENT # L99000002772

1. Limited Liability Company's Name
Admac Enterprises of Tampa, LLC

9/28/01

2. Principal Office Address	**3.** Mailing Office Address
4908 West Nassau Street	(SAME)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tampa	
City & State	City & State
Tampa, FL	
Zip / Country	Zip / Country
33607 / Hillsborough	

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 5/13/99

6. FEI Number: 59-3566027 ☐ 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

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-10/17/01--01076--009
****155.00 ****155.00

Name: Peterson Charles F Jr

Street Address (P.O. Box Number is Not Acceptable): 4908 West Nassau Street

Suite, Apt. #, Etc.:

City: Tampa | State: FL | Zip Code: 33607

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: Charles F Peterson Date: 10/10/01
REGISTERED AGENT MUST SIGN

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	Allison C Adams	4908 West Nassau Street	Tampa, FL 33607

Rein $100.00
UBR 50.00 CWS
CWS $5.00 MF
155.00

REINSTATEMENT 2001

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.

Signature of Managing Member/Manager: Allison C. Adams Date: 10/10/01 Daytime Phone #: 813-287-2231

Typed or printed name of signing Managing Member/Manager: Allison C Adams