

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:40

**DOCUMENT #** L99000005285

**1. Limited Liability Company's Name**

ADTI, L.C.

**2. Principal Office Address**

731 N Garland Avenue

Suite, Apt. #, etc.

**3. Mailing Office Address**

731 N Garland Avenue

Suite, Apt. #, etc.

**City & State**

Orlando, FL

**City & State**

Orlando, FL

**Zip**

32801-1002

**Country**

US

**Zip**

32801-1002

**Country**

US

**4. State/Country of Formation**

Florida, US

**5. Date Organized or Qualified  
To Do Business in Florida**

08/23/1999

**6. FEI Number**

59-3592636

**Applied For**

**Not Applicable**

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

**Name**

Kenneth N. Whitmore

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

731 N Garland Avenue

**Suite, Apt. #, Etc.**

**City**

Orlando

**State**  
FL

**Zip Code**

32801-1002

**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**

**REGISTERED AGENT MUST SIGN**

**Date**

**10. Names and Street Addresses of Managing Members/Managers**

| <b>Titles</b> | <b>Name of<br/>Managing Members/Managers</b> | <b>Street Address of Each<br/>Managing Member/Manager</b> | <b>City / State / Zip</b> |
|---------------|--|---|---------------------------|
| MGRM          | Kenneth N Whitmore                           | 731 N Garland Avenue                                      | Orlando, FL 32801-1002    |
| MGRM          | Lynne H Whitmore                             | 731 N Garland Avenue                                      | Orlando, FL 32801-1002    |
|               |  |   |                           |
|               |  |   |                           |
|               |  |   |                           |
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REINSTATEMENT

01-06

**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 608.408, 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**

Kenneth N Whitmore

**Date**

5/12/2006

**Daytime Phone #**

**Typed or printed name of signing Managing Member/Manager**