

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

05 MAR -7 AM 9:21

DOCUMENT # L99000007455

1. Limited Liability Company's Name

ADELPHIA CAPITAL MANAGEMENT, LLC.

**REINSTATEMENT** 03-05

2. Principal Office Address

407-SE 9<sup>th</sup> STREET

Suite, Apt. #, etc.

3. Mailing Office Address

407-SE 9<sup>th</sup> STREET

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

Zip

33316

Country

USA

Zip

33316

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

11-03-199

6. FEI Number

650962779

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

DIMITRIOS LELLOS

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

407-SE 9<sup>th</sup> STREET

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33316

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

Date 03-05-05

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
<u>MGR.</u>	<u>DIMITRIOS LELLOS</u>	<u>407-SE-9<sup>th</sup> STREET</u>	<u>FT. LAUDERDALE, FL. 33316</u>

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

Date 03-05-05 Daytime Phone # 954-296-3944

631-853-0700

Typed or printed name of signing Managing Member/Manager

DIMITRIOS LELLOS

CR2ED01 (10/02)