

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 FEB 12 AM 11:09

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001202

1. Limited Liability Company's Name

3001 AD L.L.C.

600027691436

02/24/04--01033--037 **50.00

2. Principal Office Address

2000 Garner Station Blvd.

3. Mailing Office Address

525 S. FLAGLER DR.

Suite, Apt. #, etc.

Suite #2014

Suite, Apt. #, etc.

301

City & State

RALEIGH, N.C.

City & State

WEST PALM BEACH, FL 33401

Zip

27603

Country

USA

Zip

33401

Country

USA

4. State/Country of Formation

N.C.

5. Date Organized or Qualified
To Do Business in Florida

5/8/2002

6. FEI Number

562201737

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

Jimmy Barker

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

525 S. FLAGLER DR.

Suite, Apt. #, Etc.

Suite 301

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

1-5-03

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
MGRM	Jimmy Barker	525 S. FLAGLER DR. #301	WEST PALM BEACH, FL 33401
MGRM	Robert LADRACH	2000 Garner Station Blvd #2014	RALEIGH, NC 27603

REINSTATEMENT

2003-0492

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

1/15/04

Daytime Phone #

561-655-7001

Typed or printed name of signing Managing Member/Manager

Jimmy Barker