

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

05 APR 29 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500053031155
04/29/05--01012--012 **255.00

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L02000007497

1. Limited Liability Company's Name
American Debt Co LLC
31790 US Hwy 19 N #183
Palm Harbor, FL 34684

2. Principal Office Address
31790 US Hwy #183
Suite, Apt. #, etc. #183

3. Mailing Office Address
same
Suite, Apt. #, etc. same

City & State
Palm Harbor, FL
City & State same

Zip 34684 Country Pinellas Zip same Country same

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida
3-27-02

6. FEI Number
75-309-1981 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 Russel G. Loomis

Street Address (P.O. Box Number is Not Acceptable)
8370 55th way

Suite, Apt. #, Etc.

City Pinellas Park State FL Zip Code 33781

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 [Signature] Date 4.28.05

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>mgrm</u>	<u>Russel G. Loomis</u>	<u>8370 55th way</u>	<u>Pinellas Park FL 33781</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 [Signature] Date 4.28.05 Daytime Phone # 727.642.9251

Typed or printed name of signing Managing Member/Manager Russell Loomis

CR2E041 (10/02)