

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT -3 PM 3:43

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

CR2E041 (10/08)

**DOCUMENT #** T.02000007497

1. Limited Liability Company's Name

AMERICAN DEBT CO. LLC

2. Principal Office Address - No P.O. Box #

31790 US HWY. 19 N.

Suite, Apt. #, etc.

#183

City & State

Palm Harbor, FL

Zip

34684

Country

USA

3. Mailing Office Address

7780 49th ST. N.

Suite, Apt. #, etc.

#515

City & State

Pinellas Park, FL

Zip

33781

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 3-27-2002

6. FEI Number

75-3091981

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

Russell Loomis

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

8370 55th way

Suite, Apt. #, Etc.

City

Pinellas Park,

State

FL

Zip Code

33781

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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]*

REGISTERED AGENT MUST SIGN

Date 9-25-08

**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	Russell Loomis	8370 55th way	Pinellas Park, FL 33781

~~400136578594~~  
10/02/08--01040--013 \*\*243.75

**REINSTATEMENT** 06-07-02

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 9-30-08

Daytime Phone# 727-417-5237

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