


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
------------------------------	---	---

DOCUMENT # J21193

1. Corporation Name

AD HOC LAW ASSOCIATES, INC.

Principal Place of Business

% SUZANNE PALLOT
444 BRICKELL AVENUE, SUITE #611
MIAMI FL 33131

Mailing Address

% SUZANNE PALLOT
444 BRICKELL AVENUE, SUITE #611
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1986

5. FEI Number

59-2688819

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PALLOT, SUZANNE	444 BRICKELL AVE. #611	MIAMI FL

300004673003--9
-11/08/01--01072--012
*****150.00 *****150.00

AG 10/17

8. Name and Address of Current Registered Agent

PALLOT, SUZANNE
444 BRICKELL AVENUE, SUITE #611
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Suzanne Pallot
REGISTERED AGENT MUST SIGN

Date

Oct. 19, 2001

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED
Suzanne Pallot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/01 305 381-9600
Date Daytime Phone #

CR2ED40 (8/01)



October 19, 2001

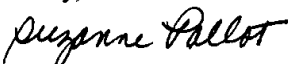
To whom it may concern:

At the suggestion of an employee I spoke to today in your office at (850) 245-6059 I am writing this letter to explain that I have not received any form from your office in 2001 until I received the enclosed application for reinstatement yesterday.

I am enclosing the signed document J21193 and a check for \$150.00 to Department of State for my profit corporation, Ad Hoc Law Associates, Inc.

Thank you for your consideration of this matter.

Sincerely,


Suzanne Pallot