

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT 16 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000084726**

1. Corporation Name

**A D & D INVESTMENTS INC.**

Principal Place of Business

Mailing Address

8106 NW 162ND STREET  
MIAMI FL

8106 NW 162ND STREET  
MIAMI FL



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

Date Incorporated or Qualified To Do Business in Florida 09/07/2000

5. FEI Number

65-1038326

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MILIAN, ANA	8106 NW 162ND STREET	MIAMI FL
TD	MILIAN, DALIA	8106 NW 162ND STREET	MIAMI FL
SD	MILIAN, DELIA	8106 NW 162ND STREET	MIAMI FL

800023855838  
10/16/03--01050--020 \*\*150.00

8. Name and Address of Current Registered Agent

MILIAN, DELIA  
8106 NW 162ND STREET  
MIAMI FL

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. *8106*  
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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/10/03

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]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03 305-364-9900

Date

Daytime Phone #

CR2E040 (7/03)

*AD&D INVESTMENTS INCORPORATED  
8106 N.W. 162<sup>ND</sup> STREET  
MIAMI LAKES, FLORIDA 33016*

10/10/03

Florida Department of State  
Division of Corporation  
Tallahassee, Florida 32314

**To Whom It May Concern:**

We recently received a Notice of Administrative Dissolution or Revocation from your office. Upon receipt we immediately phoned your offices and were given an explanation as to how everything transpired. We explained we never received the reminder for the corporation annual report, thus nothing was ever sent in. If you check your files, you will see that we have complied with this requirement on a timely manner every year. This year however, since we never got the reminder notice we failed to so.

The address you have on file is correct; thus I do not know why we never received the original notice. Your office has instructed us to submit the payment and the application for reinstatement as soon as possible. Due to the fact that the original notice was not received, we were instructed to submit a payment of \$150.00.

We apologize for this oversight and would greatly appreciate getting our Corporation reinstated to active status.

Sincerely,  
AD&D Investments



Ana Milian  
President