

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 20 AM 8:00

DOCUMENT # P02000001488

1. Corporation Name

ADGA INVESTMENTS, INC.  
19333 COLLINS AVE., STE 504, SUNNY ISLES, FL 33160

2. Principal Office Address

19333 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE 504

City & State

SUNNY ISLES, FL

Zip

33160

Country

USA

3. Mailing Office Address

19333 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE 504

City & State

SUNNY ISLES, FL

Zip

33160

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/03/02

5. FEI Number

33-1024120

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

100022442901  
08/20/03--01018--007 \*\*750.00

7. Name and Address of Current Registered Agent

Name

ANGEL ADOLFO BRAUN VALLE ZARDETTO

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

19333 COLLINS AVE., SUITE 504

Suite, Apt. #, Etc.

SUITE 504

City

SUNNY ISLES,

State

FL

Zip Code

33160

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506, F.S. or 617.05013, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

**REINSTATEMENT 03**

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIRECTOR	ANGEL A. BRAUN VALLE ZARDETTO	19333 COLLINS AVE., SUITE 504	SUNNY ISLES, FL 33160

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Adolfo Braun Valle* 8-13-2003 0115025170464

CR26501 (10/02)

