


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 12 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000032965

1. Corporation Name
ADNO SYSTEMS INC

REINSTATEMENT 04-06

2. Principal Office Address
6135 NW 88TH AVE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State
PARKLAND FL

Zip
33067

Country
BROWARD

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida
03/26/02

5. FEEL Number
03-0412996

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SEE Additional Fees required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ARTHUR ROSENBLATT

Street Address (P.O. Box Number is Not Acceptable)
6135 NW 88 AVENUE

Suite, Apt. #, Etc.


City
PARKLAND

State
FL

Zip Code
33067

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00/20/00 01021 001 *#60 .00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

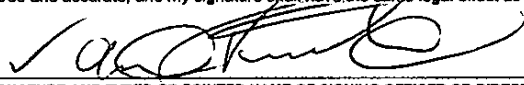
Signature of Registered Agent  Date **05/18/06**

REGISTERED AGENT MUST SIGN

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
PRES	ARTHUR ROSENBLATT	6135 NWD 88 AVENUE	PARKLAND FL 33067

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 contained in Chapter 119, 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:  Date **05/18/06** 786-325-1974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

202

ADNO SYSTEMS INC
6135 NW 88 AVENUE
PARKLAND FL 33067
Tel: 786-325-1974

May 18, 2006

Division of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

REF: Reinstatement
Federal I.D.Number 03-0412996
PO2000032965

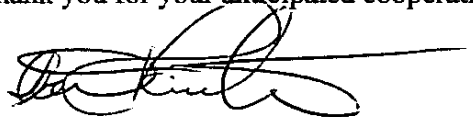
Recently I applied for a credit line for my corporation and was declined because the state of Florida revealed that my corporation is inactive and was dissolved because an annual report was not received.

I did not realize that I had to file an annual report and I never received notification²⁰⁰⁴ that I was obliged to do so.

Therefore, under the circumstances , I am requesting reinstatement and a waiver of penalty.

Enclosed is my check for \$600.00

Thank you for your anticipated cooperation


Arthur Rosenblatt