

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 10 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000099862*

1. Corporation Name

Adam Bayer Conglomerate, Inc.

REINSTATEMENT *03-04*

2. Principal Office Address

2119 N. 15th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33020

Country

Broward

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

9/13/2002

5. FEI Number

04-3713410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ADAM BAYER

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

2119 N. 15th Ave

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12-7-04

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
<i>PD</i>	<i>ADAM BAYER</i>	<i>2119 N 15th Ave</i>	<i>Hollywood, FL 33020</i>

100043328381
12/10/04--01018--015 **300.00

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-7-04

Date

(954) 579 1718

Daytime Phone #

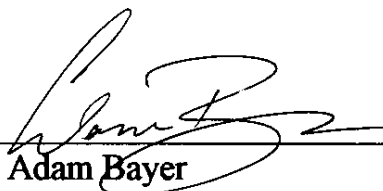
12/07/04

2002

To Whom It May Concern,

Regarding the corporation "Adam Bayer Conglomerate, Inc.", I, Adam Bayer, did not receive notice of renewal for 2003 & 2004.

Signed


Adam Bayer

12.7.04

Date