

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000034867

**FILED**  
**Jul 18, 2014**  
**Secretary of State**

**Entity Name:** ADAPTIVE ENTERPRISE ASSOCIATES, INC

**Current Principal Place of Business:**

768 NW 135 TERRACE  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

768 NW 135 TERRACE  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

**FEI Number:** 45-1564747      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LECHON, HECTOR J  
8290 N MIZZEN DR  
BOYNTON BEACH, FL 33472 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HECTOR LECHON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CORTES, JOHN  
**Address:** 768 NW 135 TERRACE  
**City-St-Zip:** PEMBROKE PINES, FL 33028 US

**Title:** VP  
**Name:** LECHON, HECTOR  
**Address:** 8290 N MIZZEN DR  
**City-St-Zip:** BOYNTON BEACH, FL 33472 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HECTOR LECHON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

07/18/2014

\_\_\_\_\_  
Date