

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *97*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY 30 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *993000065695*

1. Corporation Name

A.D.D.T.O.N., INC.

W97-12068

Principal Place of Business

Mailing Address

2665 S. Bayshore Dr.
Suite 1101
Coconut Grove, FL 33133

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

4. Date Incorporated or Qualified To Do Business in Florida

9/16/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3228758

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. Treasurer	Edmund R. Miller	2000 S. Bayshore Dr., #40, Coconut Grove, FL	33134
			9000002199849-8 -06/03/97-01066-010 ***1245.00 ***1245.00
			REINSTATEMENT <i>94-97</i>
			<i>6-2-97</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Dennis J. Eisinger
4000 Hollywood Blvd., Ste. 265 South
Hollywood Fla. 33021

Name *Dennis J. Eisinger*
Street Address (P.O. Box Number is Not Acceptable) *4000 Hollywood Blvd.*
Suite, Apt. #, Etc. *Ste. 265 South*
City *Hollywood* State **FL** Zip Code **33021**

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.

Signature of Registered Agent

Dennis J. Eisinger
REGISTERED AGENT MUST SIGN

Date *5/16/97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

Edmund R. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-97
Date

(305) 858-6557
Daytime Phone #

CR2E040 (12/96)