

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 MAR 17 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000006165**

1. Corporation Name
AD FORMS & SPECIALTIES, INC.

Principal Place of Business
**13710 SE 18TH TERR S.W.
MIAMI FL 33175
US**

Mailing Address
**13800 SW 8TH ST
STE 361
MIAMI FL 33184
US**



REINSTATEMENT 97-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 13710 S.W. 18th Terr.		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/24/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0554413	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PTD	HERNANDEZ, PATRICIA	14717 SE 58TH ST S.W.	MIAMI FL
VSD	MIR, ENID	14717 SE 58TH ST S.W.	MIAMI FL
			600002462556--2 -03/19/98--01109--007 ***300.00 ***300.00

8. Name and Address of Current Registered Agent

**HERNANDEZ, PATRICIA
14717 SE 58TH ST S.W. 58th ST.
MIAMI FL 33193**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
14717 S.W. 58 ST.
Suite, Apt. #, Etc.
City
State **FL** Zip Code

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 *Patricia Hernandez* Date **3/3/98**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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]* Date **3/3/98** Daytime Phone # **305-229-0903**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR25040 (8/97)