

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

FEB - 8 PM 2:01

FLORIDA DEPARTMENT OF STATE
 171 LANCASTER, FLORIDA

DOCUMENT # S27419

1. Corporation Name
ADELCO, INC.

Principal Place of Business Mailing Address
 145 W. MCYNTIRE 145 W. MCYNTIRE
 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/25/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0238140	
Country		Country		Applied For	
				Not Applicable	
				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
DPS	DEL CORRAL, ALEJANDRO	145 W. MCYNTIRE	KEY BISCAYNE FL
J	JUAN LUCIO	3940 AGORA AVE	MIAMI FL 33178
			000002772560--5 -02/11/99--01032--005 ****900.00 ****900.00
			REINSTATEMENT 01/25/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DEL CORRAL, ALEJANDRO 145 W. MCYNTIRE KEY BISCAYNE FL 33149		Name JUAN LUCIO Street Address (P.O. Box Number is Not Acceptable) 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: Juan Lucio REGISTERED AGENT MUST SIGN Date: 1/21/99

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)(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: Juan Lucio Director Date: 1/21/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E040 (9/98)