PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	Se	EPARTMENT OF STA cretary of State on of corporations	NTE .	FILED 05 APR - 7 AM II: 20		
DOCUMENT # PO/00000000/ 1. Corporation Name Adept Consulting, Inc.					SEC _{RC I MEL} V. STATE TALLAHASSEE, FLORID,	8 	
				REINS	STATEMENT 02-	05	
2. Principal Office Address 3. Mailing 6161 NW 53rd Circle 6161 NV			e Address 3rd Circle	Go			
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc			4. Date Incorporated or Qualified To Do Business in Florida 12/29/2000		
City & State Coral Springs Florida			5. FEIN		er Applied I		
Zip 33067	Country	Zip 33067	Country USA	65-1075 6. CERTIFICATI	D432 Not Appl E OF STATUS DESIRED \$8.75 Additional Fee firs a Certificate of \$	equired	
		7. Nan	ne and Address of Current R	egistered Agent			
	Name Richard J. Starr, Jr. Street Address (P.O. Box Number is Not Acceptable) 6161 NW 53rd Circle						
	Suite, Apt. #, Etc. City Coral Springs				State Zip Code 33067	÷	
8. I, being Signature of Registered		the above named corporate		ot the obligations of sect	ion 607.0505 or 617.0503, F.S. Date 444005	CR2E081 (01/05)	
9. Names	and Street Addresses of Each Of	ficer and/or Director (Florid	a 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		
Pres.	Richard J. Starr Jr.		6161 NW 53rd Circle		Coral Springs/FL/33067		
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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)(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #							