

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **298371**

1. Corporation Name

ADA CONSTRUCTION, INC.

02 NOV 21 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1008 SW 22ND TERR
FT LAUDERDALE FL 33312

Mailing Address

1008 SW 22ND TERR
FT LAUDERDALE FL 33312



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1965

5. FEI Number

59-1168738

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GILMORE, JOHN N.	1008 S. W. 22ND TERR.	FORT LAUDERDALE FL
D	GILMORE, MARY K	1008 S. W. 22ND TERR.	FORT LAUDERDALE FL

8000009149988
11/21/02--01066--004 **150.00

8. Name and Address of Current Registered Agent

GILMORE, JOHN N
1008 S. W. 22ND TERR.
FORT LAUDERDALE FL

9. Name and Address of New Registered Agent

Name

J. Nathan Gilmore ADA

Street Address (P.O. Box Number is Not Acceptable)

1008 S. W. 22 TERRACE

Suite, Apt. #, etc. FORT LAUDERDALE, FLORIDA 33312

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. or 617.0505, F.S.

Signature of
Registered Agent

J. Nathan Gilmore SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-20-02

11. 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.

J. Nathan Gilmore

SIGNATURE:

J. Nathan Gilmore SIGNATURE REQUIRED
1008 S. W. 22 TERRACE
FORT LAUDERDALE, FLORIDA 33312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-20-02 954-583-4018

CR2ED40 (8/02)

FLA. DEPT. OF STATE

Jim Smith Sec. of STATE
Div. of Corp.

DEAR Sir, I HAVE BEEN UP STATE + JUST NOW
RETURNED + GOT THIS NOTICE ABOUT THE CORP.
I KNOW I HAVE TO PAY THIS FEE EACH YR. SINCE
1965. I DIDN'T RECEIVE THE NOTICE AS
USUAL, EACH YR., SO I DIDN'T PAY. I AM
SORRY ABOUT THIS + AS YOU CAN SEE I HAVE
PD. THIS ALWAYS. I AM SENDING THE 150⁰⁰.
I HOPE YOU CAN SHOW ME SOME CONSIDERATION
+ SEND THE NOTICES EACH YR AS USUAL + I
WILL MAIL THE CK.

I THANK YOU VERY MUCH
+ AM VERY SORRY THIS HAPPENED.
HOPE THIS DOESN'T HAPPEN
AGAIN. THANK YOU

J. N. Gilmore
Phone 954-583-4018

J. Nathan Gilmore
1008 S. W. 22 TERRACE
FORT LAUDERDALE, FLORIDA 33312