

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 OCT 20 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


2000-2009

REINSTATEMENT

900160735479

9/14/09 CR2E081 (12/08) 002 \$1500.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 606931

1. Corporation Name

Adrian Investment Corporation

| | | | |
|---|--------------------------|---|--------------------------|
| 2. Principal Office Address - No P.O. Box # 2460 SW 137th Avenue | | 3. Mailing Office Address 2460 SW 137th Avenue | |
| Suite, Apt. #, etc. 238 | | Suite, Apt. #, etc. 238 | |
| City & State Miami, Florida | | City & State Miami, Florida | |
| Zip 33175 | Country United States | Zip 33175 | Country United States |

4. Date Incorporated or Qualified To Do Business in Florida 1979

5. FEI Number 591901684 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Carmen L. Ochoa

Street Address (P.O. Box Number is Not Acceptable)
2460 SW 137th Avenue

Suite, Apt. #, Etc.
238


City
Miami

State
FL

Zip Code
33175

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date 9/14/09

9. Names and Street Addresses of Each Officer and/or Director (Florida 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 |
|--------|-----------------------------------|--|----------------------|
| PDST | Carmen Ochoa | 2460 SW 137th Avenue, Suite 238 | Miami, Florida 33175 |
| | | | |
| | | | |
| | | | |
| | | | |

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 contained in Chapter 119, 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 9/14/09 (305) 216-4234
Daytime Phone #


10/20