

PLEASE READ ALL INSTRUCTIONS BEFORE FILING

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000004687

1. Corporation Name

ADEA GROUP, INC.

Principal Place of Business

HERITAGE SQUARE I
4835 LBJ FREEWAY, SUITE 800
DALLAS TX 75244

Mailing Address

HERITAGE SQUARE I
4835 LBJ FREEWAY, SUITE 800
DALLAS TX 75244

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

08/18/2000

5. FEI Number

75-2647541

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ABEDI, ABID	4835 LBJ FREEWAY, SUITE 800	DALLAS TX 75244
ST	DUPONT, RICHARD	4835 LBJ FREEWAY, SUITE 800	DALLAS TX 75244

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Signature of
Registered AgentLynette Coleman
as its agent

Date

10/14/2003

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H030002969473

01/29/07 45

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000296947 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 521-1030

SYK

CORPORATION REINSTATEMENT

ADEA GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

Electronic Filing Menu

Corporate Filing

Public Access Help