

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

*02 WBR*  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC -4 AM 8:01

DOCUMENT # F97000002719

1. Corporation Name

AD EFX PROMOTIONS, INC.

Principal Place of Business

NORTH BUILDING, SUITE 365-A  
5600 ROSWELL ROAD  
ATLANTA GA 30342

Mailing Address

NORTH BUILDING, SUITE 365-A  
5600 ROSWELL ROAD  
ATLANTA GA 30342



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

2. New Principal Office Address, If Applicable

*3453 N.W. 55th St.*  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

*3453 N.W. 55th St.*  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/1997

5. FEI Number

98-0139079

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

*Ft. Lauderdale, FL*

Zip *33309*

Country *USA*

City & State

*Ft. Lauderdale, FL*

Zip *33309*

Country *USA*

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
PSTD	LETTERIO, GEORGE	55 NORTH SPRING GARDEN AVE/NORTH	CANADA M2N 361

200009346512  
12/04/02--01034--015 \*\*211.25

8. Name and Address of Current Registered Agent

CHUNG, EARHARD  
10968 N.W. 49TH MANOR  
CORAL SPRINGS FL 33076

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

CR2E040 (8/02)

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

*SIGNATURE Earhard Chung*  
REGISTERED AGENT MUST SIGN

Date *NOV. 12, 2002*

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 REQUIRED GEORGE LETTERIO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

416-512-0002

*NOV. 12 2002*

*4222*



**HEAD OFFICE**  
55 Spring Garden Ave.,  
Toronto, Ontario,  
M2N 3G1  
(416) 512-0002  
Fax 512-0006,  
adefx@ad-efx.com

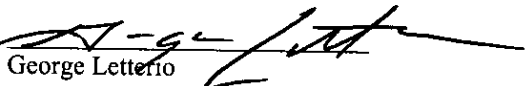
November 12, 2002

Florida Dept. of State  
Division of Corporations  
Annual Report Section

To whom it may concern;

Please allow this letter to serve as confirmation that Ad Efx Promotions Inc. did NOT receive either of the UBR reports sent out for the 2002 annual report. We had moved our Georgia location and the mail did not reach us at our new location in a timely manner. Please note that we have changed the mailing address for future correspondence. Please waive the reinstatement fee for this notice. Thank you for all of your assistance.

Sincerely,

  
George Letterio  
President