

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000002719**

1. Corporation Name

**AD EFX PROMOTIONS, INC.**

Principal Place of Business

Mailing Address

3453 N.W. 55TH STREET  
FT. LAUDERDALE FL 33309

3453 N.W. 55TH STREET  
FT. LAUDERDALE FL 33309



**REINSTATEMENT** 03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

98-0139079

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

200023766612

10/13/03--01100--006 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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 Agent

Date

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.

GEORGE LETTERIO

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

222

CR2E040 (7/03)



**HEAD OFFICE**  
65 Spring Garden Ave.  
Toronto, Ontario  
M2N 3G1  
(416) 512-0002  
Fax 512-0008  
george@ad-efx.com

October 10, 2003

Florida Department of State  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Sirs/Madam:

**Re:** Ad Efx Promotions, Inc.  
**FEI Number:** 98-0139079

I am writing to you in response to the application I have received for Reinstatement. Please note that our office did not receive the prior UBR notices and therefore we are asking that the reinstatement fee be waived.

Enclosed is the completed application for reinstatement and the appropriate UBR filing fee. Should you have any questions, please contact the undersigned.

Yours truly,  
**AD EFX PROMOTIONS, INC.**

  
George Letterio - President