PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM. APPROVED FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FOR all Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 APR 20 PM 2: 16 DOCUMENT #H55731 SECRETARY OF STATE TALLAHASSEE, FLORIDA ADLEX BENT CORPORATION Principal Place of Business P.G.A. BLUE Suite #411 PALM BEACH GARDENS, FC. #334/8 REINSTATEMENT 9 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 Date Incorporated or Qualified To Do Business in Florida MAY 3 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number City & State City & State \$8.75 Additional Fee required Country for a Certificate of Statu 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip WILSON PRES ZACHARY 9521 PGA Blud Dik 411 PACH BEACH GARDENS FL. #334/8 Sectmest 600002498666--7 -04/23/93 --01123 --022 ***1067.50 ***10**69.50** 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent ZACHARY WILSON Name 4521 P.G.A. BLU'd Suite#411 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. PALM BRACH GARDENS, FL. #33418 City Zip Code 10. I, being appointed the cognitive agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Does/this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes i 12. 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 path, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \$277 SIGNATURE: