

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J95293

1. Corporation Name

ADS ASSOCIATES, INC.

2. Principal Office Address - No P.O. Box #

5807 N. Andrews Way

Suite, Apt. #, etc.

3. Mailing Office Address

5807 N. Andrews Way

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

7. Name and Address of Current Registered Agent

Name

ABBAS SADRIWALLA

Street Address (P.O. Box Number is Not Acceptable)

5807 N. Andrews Way

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33309

4. Date Incorporated or Qualified

To Do Business in Florida **10/02/1987**

5. FEI Number

650006333

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

300226538823
03/28/12--01031--013 **1050.00

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

Date

REGISTERED AGENT MUST SIGN

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
D	DEBORAH SADRIWALLA	5807 N. Andrews Way	FT LAUDERDALE, FL 33309
D,P	ABBAS SADRIWALLA	5807 N. Andrews Way	FT LAUDERDALE, FL 33309

REINSTATEMENT 2010-2012

10. E-mail Address: **PJLEGAL@HOTMAIL.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #