

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K00615

FILED
Oct 17, 2008
Secretary of State

Entity Name: ADA FLORIDA SERVICES INC.

Current Principal Place of Business:

135 SE 6TH ST
CAPE CORAL, FL 33990

New Principal Place of Business:

8 NAPLES LANE
MURPHY, NC 28906

Current Mailing Address:

135 SE 6TH ST
CAPE CORAL, FL 33990

New Mailing Address:

8 NAPLES LANE
MURPHY, NC 28906

FEI Number: 65-0021803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, WILLIAM JOHN
135 SE 6TH ST
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

SILVER, KEITH M
5235 RAMSEY WAY
SUITE 17
FORT MYERS, FL 33907 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEITH M. SILVER

10/17/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, WILLIAM JOHN
Address: 135 SE 6TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: VTD () Delete
Name: ADAMS, KRISTIN
Address: 135 SE 6TH ST
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADAMS, WILLIAM JOHN
Address: 8 NAPLES LANE
City-St-Zip: MURPHY, NC 28906

Title: VTD (X) Change () Addition
Name: ADAMS, KRISTIN
Address: 8 NAPLES LANE
City-St-Zip: MURPHY, NC 28906

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM JOHN ADAMS

PD

10/17/2008

Electronic Signature of Signing Officer or Director

Date