

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

99 JAN -4 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **K59546**

1. Corporation Name

**A J ADE, INC.**

Principal Place of Business

C/O NELSON, ADE, JR.  
8540 US #1  
SEBASTIAN FL 32976  
US

Mailing Address

NELSON ADE, JR.  
8540 US #1  
SEBASTIAN FL 32967  
US

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

*Wrong did not  
zip  
receive  
notice*



**REINSTATEMENT**

98

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/1989

5. FEI Number

59-2922087

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ADE, JR. N	8540 US #1	SEBASTIAN FL
			200002737102--8
			-01/11/298--01133--013
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADE, JR. N  
8540 US #1  
SEBASTIAN FL 32976

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of  
Registered Agent

*Nelson Ade Jr.* **REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12-30-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

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 oath.

SIGNATURE:

*Nelson Ade Jr.* **Nelson Ade Jr.** 12-30-98 561-664-3105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (9/98)