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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN -8 PM 6:27

1. DOCUMENT # L02000029705

Name and Mailing Address

0002222 01 AT 0.292 **AUTO TO 0 0615 32317-229595

ADECO LLC
P.O. BOX 12295
TALLAHASSEE FL 32317-2295

CR2E084 (7/03)

2. New Mailing Address	4. State/Country of Formation: FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 11/07/2002
Principal Place of Business: P.O. BOX 12295, TALLAHASSEE FL 32317	3. New Principal Place of Business Address
City, State, Zip	6. FEI Number — Applied For / Not Applicable
	7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ADESHINA, BOLANSON 3444 WELWYN WAY TALLAHASSEE FL 32309	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED — Date ~~12/10/03~~ 12/05/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
VICE PRESIDENT	YINKA ADESHINA	3444 WELWYN WAY	TALLAHASSEE, FL 32309

700025346607
12/09/03--01037--002 **100.00
10/2/03 01059 008 $50.00
5/2/03 90566 016 $50.00

REINSTATEMENT 03-04
dcc

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager SIGNATURE REQUIRED — Date 12/5/03 — Daytime Phone # (850) 264-1164

Typed or printed name of signing Managing Member/Manager