

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 DEC -2 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L38824

1. Corporation Name

ADEL INTERNATIONAL, INC.

Principal Place of Business

2001 PARKWAY BLVD. B-5  
TALLAHASSEE FL 32308

Mailing Address

5401 KIRKMAN ROAD  
SUITE 725  
ORLANDO FL 32819  
US

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

2. New Principal Office Address, If Applicable

2003 McCoy Road

3. New Mailing Office Address, If Applicable

4 Darcey Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Staten Island NY

Zip

32809

Country

Zip

10314

Country

Richmond

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1989

5. FEI Number

58-1880550

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MOHAMED, ADEL	97 SEELEY STREET	BROOKLYN NY 11218

800002020718--1  
-12/05/96--01027--022  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

SMITH, LANCE  
2781 WEST STATE ROAD 434  
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name Richard Wollner CPA  
Street Address (P.O. Box Number is Not Acceptable)  
2917 W. S. R. 434  
Suite, Apt. #, Etc. Suite 151  
City Longwood FL Zip Code 32779

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

R. Wollner

REGISTERED AGENT MUST SIGN

Date 11/27/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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: Adel Mohamed  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/96 - 708-967-9504  
Date Daytime Phone