

APPROVED
AND
FILED

99 DEC 30 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

156105

1. Corporation Name

AD SPECIAL DESIGNS, INC.

3008 CERCH TRACE

P.O. Box 13899

Principal Place of Business

Mailing Address

TALLAHASSEE, FL 32308-2523 TALLAHASSEE, FL 32317-3895.

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-9-90

5. FEI Number

59-2998558

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐ ☐

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
PRES.	JAMES L. NAHOM	3008 CERCH TRACE TALLAHASSEE, FL 32308	TALLAHASSEE, FL 32308
V.P.	VIRGINIA M. NAHOM	3008 CERCH TRACE	TALLAHASSEE, FL 32308
SEC.	VIRGINIA M. NAHOM	3008 CERCH TRACE	TALLAHASSEE, FL 32308
TREAS.	VIRGINIA M. NAHOM	3008 CERCH TRACE	TALLAHASSEE, FL 32308

REINSTATEMENT 99 11 TS

8. Name and Address of Current Registered Agent

JAMES L. NAHOM
3008 CERCH TRACE
TALLAHASSEE, FL 32308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300003087673--1

-01/04/00--01068--024

****750.00 ****750.00

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

REGISTERED AGENT MUST SIGN

Date

12-30-99

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-01/04/00--01068--025

****750.00 ****750.00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.Yes ☐ No ☒

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-99 (880) 893-9600

Date

Daytime Phone #