

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 14 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L84956

1. Corporation Name

ACTION DEVELOPMENT ASSOCIATES,
INC

REINSTATEMENT 2003

300024654893

11/14/03--01005--010 **750.00

2. Principal Office Address

1059 NW 31 AVENUE

3. Mailing Office Address

1059 NW 31 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/1990

5. FEI Number

65-0197198

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PETRINA SAINSBURY

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

431 SE 6 AVENUE

Suite, Apt. #, Etc.

#

City

POMPANO BEACH

State

FL

Zip Code

33060

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Petrina Sainsbury

REGISTERED AGENT MUST SIGN

Date

11/11/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PETRINA SAINSBURY	431 SE 6 AVE	POMPANO BCH, FL 33069

10. 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:

Petrina Sainsbury

PETRINA SAINSBURY

Date

11/11/03

Daytime Phone #

954 979 4976