

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 APR -9 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M32699

1. Corporation Name

ADDA, Inc.

2. Principal Office Address

5285 FOX TRACE

Suite, Apt. #, etc.

N/A

City & State

WEST PALM BEACH, FL

Zip

33417

Country

U.S.A.

3. Mailing Office Address

5285 FOX TRACE

Suite, Apt. #, etc.

N/A

City & State

WEST PALM BEACH, FL

Zip

33417

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2000

5. FEI Number

65-0988035

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

ZORAN STANIC

500005482865--7

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

5285 FOX TRACE

05/08/02-01009-24

****300.00 ****300.00

Suite, Apt. #, Etc.

N/A

City

WEST PALM BEACH, FL

State

FL

Zip Code

33417

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 04/01/2002

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
<u>DIR.</u>	<u>ZORAN STANIC</u>	<u>5285 FOX TRACE</u>	<u>WEST PALM BEACH, FL</u> <u>33417</u>
<u>DIR.</u>	<u>VEJNA STANIC</u>	<u>5285 FOX TRACE</u>	<u>WEST PALM BEACH, FL</u> <u>33417</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/2002 (561) 697-4327

Date

Daytime Phone #

CR2E081 (9/01)