

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2005 DEC -6 AM 10: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

M44645

DOCUMENT # M44645

1. Corporation Name

Adrian Developers Corp.

2. Principal Office Address

4000 Ponce de Leon Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

770

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Zip

33146

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/12/1987

5. FEI Number

592757482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

A & A Registered Agent, INC. ✓

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

4551 Ponce de Leon Boulevard

Suite, Apt. #, Etc.

City

Coral Gables, Florida

State
FL

Zip Code
33146

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

REGISTERED AGENT MUST SIGN

Date

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
PSTD	Pedro J. Adrian	4000 Ponce de Leon Blvd., Suite 770	Coral Gables, Florida 33146
V	Alvaro L. Adrian	4155 SW 130th Avenue, Suite 201	Miami, Florida 33175
V	Patricia Alonso	4000 Ponce de Leon Blvd., Suite 770	Coral Gables, Florida 33146

REINSTATEMENT 04-05

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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:

Pedro J. Adrian, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/05
Date

305-225-1515
Daytime Phone #