PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 19 AM 7:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003527

1. Corporation Name

ADEDH, INC.

W10 - 17746

000175469380
04/13/10--01003--002 **183.75
REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3062 N. Andrews Ave	3062 N. Andrews Ave
Suite, Apt. #, etc.: D	Suite, Apt. #, etc.: D
City & State: Fort Lauderdale FL	City & State: Fort-Lauderdale FL
Zip: 33311 Country: U.S.A.	Zip: 33311 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 10-02-03

5. FEI Number: 20-0269233 ☐ 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: JIORDANY FRANCOIS
Street Address (P.O. Box Number is not Acceptable): 354 Sunshine DR
Suite, Apt. #, Etc.:
City: Coconut Creek State: FL Zip Code: 33066

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ Date: 04-09-10
REGISTERED AGENT MUST SIGN

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
V.P.	Saudly Delphin	19 N. Dakland Ave	Ventnor, NJ 08406
T.	Willem Borelus	3890 NW 110 Ave Apt B	Coral Springs, FL 33065
T.	Esaie Francois	673 Encino Way	Alt Springs, FL 32714
S	Jiordnie Chenisol	245 Petunia Ter Apt #311	Sanford FL, 32771
S	Shirbie Plancher	6530 SW 7th CT	N. Lauderdale, FL 33068
D	Dorismond Pierre	4512 Lake Jason Ct.	Mt. Dora, FL 32757

10. **E-mail Address:** Jfordany@hotmail.com
(To be used for future annual report notification)

11. 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. I further certify 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: _____ 04-09-10 954-934-6848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RH