FOR 2003... PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name ADANUS INC. SECRETARY OF STAIL FALL AHASSEE, FLORIDA 2. Procipied Circlo Address of 50 MARY STAIR CIRCL AND STAIR CIRCL Address 550 MARY STAIR CIRCL AND STAIR CIRCL Address 550 MARY STAIR ALL STAIR CIRCL AND STAIR CIRCL Address 550 MARY STAIR ALL STAIR CIRCL AND STAIR CIRCL AND STAIR CIRCL AND STAIR AND STAIR AND STAIR CIRCL A	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED 04 DEC 20 AM 9: 39	
2. Principal Office Address 550 MARY ESTITED CUT OFF \$1/4 PSTITED CUT OF			SECRETARY OF STATE	
Suite, Ap. 1, etc. Suite,				
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To Do Saisses in Florida 0 7 / 25 / 25 / 25 / 25 / 25 / 25 / 25 /			4.2	
EWB-FL 2p 325 48 Country 325 48 T. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 308 MIRACLE STRIP PRAY Street Addresses (P.O. Box Number is Not Acceptable) 308 MIRACLE STRIP PRAY Street Addresses (P.O. Box Number is Not Acceptable) 308 MIRACLE STRIP PRAY State Tip Code FL 325 48 8. I, being appointed the registered Agent of the apove named corporation, and familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Registered Agent Registered Agent Registered Agent But I State In Date MECII State / Ip Date Mecil State / Ip Date Meci			To Do Business in Florida	
29 325 48 Country USA Sired Address of Current Registered Agent Street Address of Current Registered Agent Street Address of Current Registered Agent Ellip USA Street Address of Current Registered Agent USA City USA USA USA City USA	FWB-FL	FWB-FL		
TINCAY CERLAN Street Address (P.O. Box Number is Not Acceptable) 30.8 MIRACLE STRIP PRLLY Suita, Apt. I, Etc. #1.5 B City B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. Signature of Registered Agent Presistered Agent REGISTERED AGENT MUST SIGN Date ACCUSSION Date Presistered Addresses of Each Officer and/or Directors Name of Officers and/or Directors Officers and/or Directors Officers and/or Directors Officers and/or Directors Titles Name of Officers and/or Directors Officers and/or D	1225118	1 1 1	6. S6.75 Additional Fee required	
Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Name of Each Officers and				
Signature of Registered Agent 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 Officers and/or Directors Street Addresse of Each Officer and/or Directors Officer and/or Director	TINCAY CERAAN Street Address (P.O. Box Number is Not Acceptable) 308 MIRACLE STRIP PKCY Suite, Apt. #, Etc. # 1.5 B City State Zip Code			
Registered Agent 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 Officer and/or Director Officer and/or Director TUNCAY GERNAN POBOX 22-2 INSERDAR INCAK INSERDE FL 32548 10. Lecritiy 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 1180,7(3)(6, F.S. The information indicated	Steaming of			
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director 308 MIRACLE STRIP KWY # 15B FWB-FL 32548 70 BOX 2222 MASHAR MCAK MASH ESTHER FL 32569 10. Lertify 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 contify 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)(f), F.S. The information indicated	Registered Agent Date SEC/15/2004			
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SIGNATURE: SIGNATURE SIGNATURE AND SPECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description Phone #				