

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

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 20 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004400

1. Corporation Name

ADANUS INC.

000043538270

12/20/04--01069--032 \*\*900.00

2. Principal Office Address 550 MARY  
ESTHER CUT OFF #14  
FWB-FL 32548

Suite, Apt. #, etc.

Suite 14

City & State

FWB-FL

Zip

32548

Country

USA

3. Mailing Office Address 550 MARY  
ESTHER CUT OFF #14  
FWB-FL 32548

Suite, Apt. #, etc.

Suite 14

City & State

FWB-FL

Zip

32548

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

2000

07/25/2000

5. FEI Number

59-3628434

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

TUNCAI GERDAN

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

308 MIRACLE STRIP PKWY

Suite, Apt. #, Etc.

#15 B

City

FWB

State

FL

Zip Code

32548

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0803, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date DEC/15/2004

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
D	TUNCAI GERDAN	308 MIRACLE STRIP PKWY # 15 B	FWB-FL 32548
D	SERDAR HCAK	PO BOX 222 MARY ESTHER FL 32569	

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

DEC/15/2004 850 986-5555

Date

Daytime Phone #

CR2001 (01/04)