

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 30 AM 8:00

DOCUMENT # 90000000 7524

1. Corporation Name

ADVENTURE INC.

REINSTATEMENT 03

2. Principal Office Address

3230 E. COMMERCIAL BLVD

Suite, Apt. #, etc.

P.O. BOX 39

City & State

FT. LAUDERDALE FL

Zip

33308

Country

U.S.A.

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

FL

Zip

Country

800023458278

09/30/03--01109--001 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

1/18/2000

5. FEI Number

65-0974777

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

MAURO GALLO

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

3230 E. COMMERCIAL BLVD.

Suite, Apt. #, Etc.

P.O. BOX 39

City

FT. LAUDERDALE

State
FL

Zip Code

33308

MRS

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

Mauro Gallo

Date

9-23-03

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
PRES	MAURO GALLO	3100 N.E 48 ST #116	FT. LAUDERDALE FL 33308

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

9-23-03

Date

954-4653115

Daytime Phone #

CR2E081 (10/02)

ADVENTURE INC.
3230 e.commercial blvd. p.o.box 39
Ft. Lauderdale fl.33308

To whom may concern :

-- --there was a change of address for this corporation , and I never got the --

renewal form.

I spoke on the telephone and they told me to send a ck. for \$ 150.00

the new address is

Adv. inc
3230 e. commercial blvd. p.o box 39
Ft.Lauderdale fl.33308

thank you

officer Mauro Gallo

A handwritten signature in black ink, appearing to read "Mauro Gallo", is written over a horizontal dashed line.