1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 11 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000025586

1. Corporation Name

ADL Demolition and land Clearing, Inc.

REINSTATEMENT 02-05 NDP

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 4860 Bliss Rd | 4860 Bliss Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Sarasota, Fla | City & State Sarasota Fl. |
| Zip 34233 Country USA | Zip 34233 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 2000

5. FEI Number 65-1004412 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Chris Atkins
Street Address (P.O. Box Number is Not Acceptable): 4860 Bliss Rd
Suite, Apt. #, Etc.:
City: Sarasota State: FL Zip Code: 34233

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: Christopher B. Atkins Date: 2/9/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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 | Chris Atkins | 4860 Bliss Rd. | Sarasota Fl, 34233 |
| | | | 000047786270 03/07/05--01005--006 **600.00 |
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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: Christopher B. Atkins 2/9/05 (941) 922-6822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/9/05 2052

To Whom it may Concern:

I would like to have my penaltys waived. I was going threw some Marital problems, and my ex wife was not forwading my mail. So I never recieved my notices for renewals. I am Enclosing a check for #600 to Re-Instate. If you have any questions please call me on my cell phone @ (941) 809-2798

Thank you for help with this matter

Sincerely

Chris Atkins