

H00000011313

APPLICATION FOR REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P00000025978 1. Corporation Name A.D. Investment Holdings Inc.							
Principal Place of Business				Mailing Address			
2. Principal Place of Business 21 155 Ocean Lane Drive #1001 Suite, Apt. #, etc. 22 City & State 23 Key Biscayne FL Zip 24 33149				2a. Mailing Address 26 155 Ocean Lane Drive #1001 Suite, Apt. #, etc. 27 City & State 28 Key Biscayne FL Zip 29 33149			
3. Date Incorporated or Qualified 3/9/2000				3a. Date of Last Report 			
4. FEI Number 52-2223491				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent Lizabeth F. Calvo 328 Crandon Boulevard Suite 226 Key Biscayne, FL 33149				10. Name and Address of New Registered Agent 81 Name Lizabeth F. Calvo 82 Street Address (P.O. Box Number is Not Acceptable) 328 Crandon Boulevard 83 Suite 226 84 City Key Biscayne FL 85 Zip Code 33149			
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <u>[Signature]</u> <i>as atty in fact for Lizabeth Calvo</i> 2/5/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP MALVISI, RICARDO 155 Ocean Lane Drive #1001 Key Biscayne, FL 33149				<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 100029936794 03/05/04--01011--035 **900.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP MALVISI, GLORIA NORMA 155 Ocean Lane Drive #1001 Key Biscayne, FL 33149				<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address. SIGNATURE <u>[Signature]</u> <i>K. SARREA as atty in fact for Ricardo Malvisi</i> 2/5/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA