

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 12 PH 6:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000016200

1. Corporation Name

ADAM H. EQUIPMENT SUPPLIERS, INC.

2. Principal Office Address

1903 SW 132 WAY

Suite, Apt. #, etc.

DAVIE, FL.

City & State

Zip

33325

Country

U.S.

3. Mailing Office Address

1903 SW 132 WAY

Suite, Apt. #, etc.

City & State

DAVIE, FL.

Zip

33325

Country

U.S.

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/2001

5. FEI Number

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

Marc A. Wites, Esq.

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

1701 W. Hillsboro Blvd

Suite, Apt. #, Etc.

307

City

Deerfield Beach

State

FL

Zip Code

33442

200026647852

01/12/04--01005--011 **458.00

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

[Signature]

Date

12/24/03

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
<u>Pres.</u>	<u>ADAM HOSEIN</u>	<u>1903 SW 132 WAY</u>	<u>DAVIE, FL. 33325</u>

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]
SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-01-04

Date

954 475-4915

Daytime Phone #

CR2E081 (10/02)

BB

2012

12/26/03

To whom it may concern:

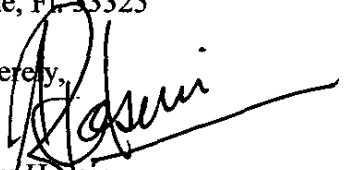
With regards to the below mentioned corporation we would like to request abatement of the reinstatement fee due to non receipt of any previous uniform business reports.

Adam H. Equipment Suppliers Inc.
Document # P01000016200

We would also like to request two original certificates of Status for 2004 and have included the \$8.75/each with the filing fee. Please mail the certificates to the following address:

1903 Sw. 132 Way
Davie, FL 33325

Sincerely,


Adam H. Equipment.