## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			AUE D					1	1 L. L.	J		
CORPORATION FLORIDA DEPARTMENT OF						STATE	03 NOV 24 PM 4: 49					
REINSTATEMENT			Secretary of State  DIVISION OF CORPORATIONS									
DIVISION OF C						URPORATION	15	TALLAHASSEE, FLORIDA				
DOCI	IMEN.	Γ#	Poll	2000	1698	24		1	ACTURAGEL, P	LURIDA		
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								REIN	STATEM	PAT	02-6	$\mathcal{F}_{j}$
	al Office Addr			3. Mailing Office Address						CF	Same !	25
1614 S. Eola DR.				1614 S. Cola DK.			)K.	03/26/03 61055 010 \$ 150.00 ns 130/02 91600 013 3,150.00				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			4. Date incorporated or Qualified					
City & State				City & State				To Do Business in Florida 2/15/01				
ORLANDO FL.				ORLANDO FL.				5. FEI Number	3698680	<del></del>	Applied For Not Applicable	1
2ip 328	10 /a	Country		3280 (	,	Country 4	15A	6.	OF STATUS DESIRED	\$8.75 Addition		
300	υφ	( ) K4	nge			ddress of Cur	y C			for a Certific	ate of Status	
	Name —				ame and A		Lettr veðister	ed Agent		<u> </u>	1	
	Daniel B. Denault											
	Street Address (P.O. Box Number is Not Acceptable)  1614 S. Eola DR.											
	Suite, Apt	. #, Etc.						<del></del>				
	City ORLANDO							·	State Zip Code		1	
					_	<del></del>			FL 3280			<u>8</u>
		e registere:	d agent of the abo	ve named corpo	ration, am f	amiliar with and	d accept the of	oligations of secti	on 607.0505 or 617.0503	,		91 (10/
Signature of Registered					ENT MUST	CICN			Date	4/03		CR2E081 (10/02)
O Names	and Street A		Foot Officer				must list at la	ant 3 discretary)				
Titles	and Sueet A	duresses	f Each Officer and	Vor Director (Fig	nda nonpro		Idress of Each	<del></del>	Cit	I State / Zia		l
11065		Officers	and/or Directors			Officer a	nd/or Director	·	City	/ State / Zip		ł
9	Daniel B. Denault			1614-StoLa: Dr			Dr:	ORLANDO,	FL 30	2806		
4	JACI	c E	. Haw	tins	102	3 Eas	tern	Way	ORLANDO	FL 3	2804	
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40												
this rein	nstatement a <sub>l</sub>	optication, t	he reason for diss	olution has been	eliminated,	the corporate r	name satisfies	the requirements	of section 607.0401 or 8	17.0401, F.S., th	at all fees	
			een paid and the courate, and my s						er section 119.07(3)(i), F.	o. The information /	जा भाषाट <b>ास्थ</b> व	
		(	7 10	01/1	À	7	امدم	RTI	ault 3/	1. 20	28	
SIGNAT		IGNATURE	AND TYPEDIOR PR	NTED NIME OF	NING OFF	ICER OR DIREC		W. Der	Date Date	Daytime Phone #	75 93	

11/20/03 Division of Corporations 409 E. Gaines St. Sallahassee, 31. 32399 attention: Katrina he: Corp Rein State ment for: Adair Olevelopers, Inc. 1614 S. Esla Dr. Orlando, St. 32806 Dear Katrina: Spoke to you to day when we realized adar was in active. On the reinstatement form @ #7- we fieled that out in correctly. Enclosed is a Corrected copy. He paid the fees for 2002 - 2003 (See enclosed copy of casked check #1551.) He never received any corres -You told us you sent a letter but the E was left off of "Eo/A" - So the letter was returned to you. 2

Lam asking that you please reinstate Adare Developers, Inc.

Ale a 100 lines lace

Adrik Developers, Inc. 1614 S. Eola Dr. Orlando, St. 32806

Shark you for your help!

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