FILED

08 SEP 30 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

800136489208
09/30/08--01030--006 **600.00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000064640

1. Corporation Name
ADA Joint Ventures, Inc.

REINSTATEMENT 05-08

CR2E061 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3206 Fox Squirrel Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Valrico, FL			
Zip	Country	Zip	Country
33594-8249	USA		

4. Date Incorporated or Qualified To Do Business In Florida: 08/26/2001

5. FEI Number: 59-3732480 ☐ 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: Vincent D. Maxwell

Street Address (P.O. Box Number is Not Acceptable): 3206 Fox Squirrel Lane

Suite, Apt. #, Etc.:

City: Valrico | State: FL | Zip Code: 33594-8249

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Vincent D. Maxwell — REGISTERED AGENT MUST SIGN — Date: 9/20/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Vincent D. Maxwell	3206 Fox Squirrel Lane	Valrico, FL 33594-8249
VST	Alphonso Tyndell	4207 Charley Forest St	Olney, MD 20832

10. I certify that I am an officer or director of the entity 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., and all fees owed by the corporation have been paid and the names of the officers listed on this form do not qualify for an examination contained in Chapter 119, 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: Vincent D. Maxwell — 9/20/08 — 727-460-1022

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 10/1