

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2009 MAR -5 A 7:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115678

1. Entity Name  
A.D.S. GROUP INC.



Principal Place of Business  
19030 NW 57TH AVE  
STE 302  
HIALEAH, FL 33015

Mailing Address  
19030 NW 57TH AVE  
STE 302  
HIALEAH, FL 33015

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252009

REIN-P

CR2E098 (1/07)

4. FEI Number  
65-1157702

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DA SILVA, ALLAN A  
19030 NW 57TH AVE  
STE 302  
HIALEAH, FL 33015

7. Name and Address of New Registered Agent

Name DA SILVA, ALLAN A.  
Street Address (P.O. Box Number is Not Acceptable)  
6102 ORCHARD TREE LN  
City TAMARAC FL Zip Code 33319

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/09  
DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME DA SILVA, ALLAN A  
STREET ADDRESS 19030 NW 57TH AVE STE 302  
CITY-ST-ZIP HIALEAH, FL 33015

TITLE S ☐ Delete  
NAME FIALLO, HAROLD  
STREET ADDRESS 110 MASON COURT  
CITY-ST-ZIP TEMPLE, GA 30179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME DA SILVA, ALLAN A.  
STREET ADDRESS 6102 ORCHARD TREE LN  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE S ☒ Change ☐ Addition  
NAME FIALLO, HAROLD  
STREET ADDRESS 6102 ORCHARD TREE LN  
CITY-ST-ZIP TAMARAC, FL 33319

☐ Change ☐ Addition  
400145048864  
03/05/09--01024--020 \*\*\*300.00

☐ Change ☐ Addition

☐ Change ☐ Addition  
REINSTATEMENT  
08-09

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/09 305-785-0875  
Date Daytime Phone #