

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

15 1 9 2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAR 15 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000011303

1. Corporation Name

ADNER MANAGEMENT ENTERPRISES INC

Principal Place of Business

Mailing Address

3137 SHERWOOD BOULEVARD  
DELRAY BEACH FL 33445

3137 SHERWOOD BOULEVARD  
DELRAY BEACH FL 33445

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/2002

5. FEI Number

71 0876423

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75- Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	THOMAS-KELLY, RENDA	3137 SHERWOOD BOULEVARD	DELRAY BEACH FL 33445

400029450184  
02/26/04--01020--009 \*\*211.25

400029450184  
03/15/04--01033--001 \*\*88.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIESLING, ROBERT A  
4793 NORTH CONGRESS AVE., #206  
BOYNTON BEACH FL 33426

Name RENDA THOMAS-KELLY  
Street Address (P.O. Box Number is Not Acceptable)  
3137 SHERWOOD BLVD.  
Suite, Apt. #, Etc.

CITY DELRAY BEACH State FL Zip Code 33445

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Glenda Thomas Kelly*  
REGISTERED AGENT MUST SIGN

Date

2/19/04

11. 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:

*Glenda Thomas Kelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04  
Date

(561) 496-3175  
Daytime Phone #

CR2E040 (7/03)

PS 2 72

February 19, 2004

To: Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

From: Renda Thomas-Kelly  
Adner Management Enterprises Inc.  
FEI Number - 71 0876423  
3137 Sherwood Blvd.  
Delray Beach, Florida 33445

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Sub: Waiver of Reinstatement Fee

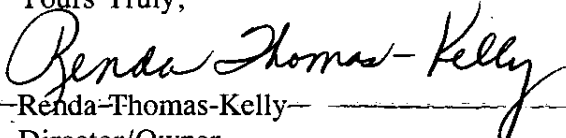
Re: Adner Management Enterprises Inc.  
FEI Number - 71 0876423

Dear Sir/Madam:

I am requesting a waiver of the reinstatement fee for the referenced corporation because the annual Uniform Business Report (UBR) was not received for the year 2003.

The application for reinstatement and the appropriate UBR filing fee is enclosed.

Yours Truly,

  
\_\_\_\_\_  
Renda-Thomas-Kelly  
Director/Owner