2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					FILED	
DOCUMENT # P02000020223					· LEGET	
1. Entity Name ADASSA HOMES, INC.					06 HAR 16 AM 9: 03	
				TELL!	JUHAN AND FRANK	
Principal Plac	e of Business	Mailing Address	<u>'</u>	•	TALL A CHELLIANDA	
2406 CLEO ST 2406 CLEO ST NORTH PORT, FL 34287 NORTH PORT, FL			77			
NURTH PURT	I, FL 3428/	NORTH PORT, FL 3428	57	:		
2 Principal P	lace at Rusiness	3. Mailing Address				
2. Principal Place of Business 3. Mailing Address 6324 Cormorant Ct. 6324 Corn			ant Ct.	tæ E		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		XI.	LD2222006 AREINE ME CH22098 (11/05) 05-0	
City & State		City & State	•		4. FEI Number Applied For	
Brade Zip	nton, FL Country	Bradenton, F	Country		02-0548827 Not Applicable	
34203	USA	34203	USA		5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current	Registered Agent *	Name		7. Name and Address of New Registered Agent	
FINANCIAL FOUNDATIONS, INC. Heber					er J. Perez	
3150 SANDY RIDGE DRIVE CLEARWATER, FL 33761				Address (I	P.O. Box Number is Not Acceptable)	
OLEANWATER, TE SOFOT				6324 Cormorant Court		
			City	Brad	lenton FL Zip Code 34203	
		the purpose of changing its	registered office o		red agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.						
SIGNATURE/	Signature, typed or printed name of registered agent of the Perez	and title if applicable. (NOTE	E: Registered Agent sign	nature requir	red when reinstating) DATE	
	112021 1 21 27					
FII	LE 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		11.	T TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PEREZ, HEBER J	☐ Delete	TITLE NAME	D	XXChange ☐ Addition ☐ rez, Heber J.	
STREET ADDRESS	2406 CLEO ST		STREET ADDRESS	632	24 Cormorant Court	
CITY-ST-ZIP	NORTH PORT, FL 34287	XX Delete	CITY-ST-ZIP	Bra	identon, FL 34203	
NAME	PEREZ, JASPER 9 AS P	PA Delete	NAME		100068942801	
STREET ADDRESS CITY+ST-ZIP	2406 CLEO ST NORTH PORT, FL 34287		STREET ADDRESS CITY-ST-ZIP		03/29/0601013014 **300.00	
TITLE	NORTH FORT, FL 34267	Delete	TITLE	-	☐ Change ☐ Addition	
NAME	·		NAME		_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Defete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
name Street address			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
indicated of the cor	on this report or supplemental report is	true and accurate and that nowered to execute this report	ny signature shall f as required by Ch	have the s	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devising Phone #						
	Heber J. Pere	Z	UK DIKECTOR		Date Daysine Phone #	