

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 JUN 12 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # PO2000032965**

**1. Corporation Name**

ADNO SYSTEMS INC

**2. Principal Office Address**

6135 NW 88TH AVE

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

PARKLAND FL

**City & State**

**Zip**

33067

**Country**

BROWARD

**Zip**

**Country**

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/26/02

**5. FEEL Number**

03-0412996

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

SEE Additional Fees required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

ARTHUR ROSENBLATT

**Street Address (P.O. Box Number is Not Acceptable)**

6135 NW 88 AVENUE

Suite, Apt. #, Etc.

500076580295

00/20/00-01021-001 \*\*60 .00

**City**

PARKLAND

**State**

FL

**Zip Code**

33067

**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**

*[Signature]*

REGISTERED AGENT MUST SIGN

**Date** 05/18/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ARTHUR ROSENBLATT	6135 NWD 88 AVENUE	PARKLAND FL 33067

**10. 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 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/18/06 786-325-1974

**Date**

**Daytime Phone #**

202

ADNO SYSTEMS INC  
6135 NW 88 AVENUE  
PARKLAND FL 33067  
Tel: 786-325-1974

May 18, 2006

Division of State  
Division of Corporations  
Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314

REF: Reinstatement  
Federal I.D.Number 03-0412996  
PO2000032965

Recently I applied for a credit line for my corporation and was declined because the state of Florida revealed that my corporation is inactive and was dissolved because an annual report was not received.

I did not realize that I had to file an annual report and I never received notification<sup>2004</sup> that I was obliged to do so.

Therefore, under the circumstances , I am requesting reinstatement and a waiver of penalty.

Enclosed is my check for \$600.00

Thank you for your anticipated cooperation



Arthur Rosenblatt