

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 26 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000064006

1. Corporation Name

Adtrans, Inc

PO Box 50968

PO Box 50968

2. Principal Office Address

PO Box 50968

3. Mailing Office Address

PO Box 50968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota

Zip

34232

Country

Sarasota

Zip

34232

Country

Sarasota

**4. Date Incorporated or Qualified
To Do Business in Florida** 6/10/02

5. FEI Number
41-7648752

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**34.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Brian Armstrong

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

6713 Oakmont Way

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34202

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**

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 8/23/04

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/Tr	Brian Armstrong	6713 Oakmont Way	Bradenton, FL 34202
Sec.	Shannon Armstrong	6713 Oakmont way	Bradenton, FL 34202

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08/26/04--01051--017 **908.75

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 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:

[Handwritten Signature]

BRIAN J ARMSTRONG

8/23/04

800-308-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)