


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -1 PM 2:56

CORPORATION
**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000091827

1. Corporation Name

AOI of TALLAHASSEE, INC.

2. Principal Office Address

116B CAPITAL CIRCLE SE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

Zip

32301

Country

US
LEON

3. Mailing Office Address

116B CAPITAL CIRCLE SE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

Zip

32301

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/2002

5. FEI Number

16-1627432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

05/05/03 90295 014 \$150.00

7. Name and Address of Current Registered Agent

Name

DAVID W. DOWDY

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

7100 ED WILSON LN.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

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

DAVID W. DOWDY

REGISTERED AGENT MUST SIGN

Date 10/1/03

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
<u>P</u>	<u>DAVID W. DOWDY</u>	<u>7100 ED WILSON LANE</u>	<u>TALLAHASSEE, FL. 32312</u>
<u>VP</u>	<u>USMAN ALI</u>	<u>4533 HIGHGROVE RD.</u>	<u>TALLAHASSEE FL. 32308</u>

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:

DAVID W. DOWDY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. DOWDY

Date

10/1/03

Daytime Phone #

251-1150

CR20081 (10/02)

ADI of Tallahassee, Inc.

1168 Capital Circle SE
Tallahassee, Florida 32301

2052

October 1, 2003

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Annual Report

Dear Sir or Madam:

Our corporation sent in our annual report along with the appropriate fees, these fees were applied as conformation of payment for our annual report.

You sent us a form to fill in our FEI Number that was missing in the original form. We sent this form back to you via mail and just recently discovered that our corporation had been administratively dissolved.

Since we did not receive any request for further action regarding this issue, we are asking that the reinstatement fees be waived and we are submitting a corporate reinstatement form as requested.

Thank you for your anticipated cooperation in this matter.

Sincerely,



David W. Dowdy
President