

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 14 PM 7:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 102000110929

1. Corporation Name

ADE COMMUNICATIONS, INC.

2. Principal Office Address

18797 NW 79 Way

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33015

Country

USA

3. Mailing Office Address

18797 NW 79 Way

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33015

Country

USA

**REINSTATEMENT**

0304

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/2002

5. FEI Number

450488851

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Jose L. Machin

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

18797 NW 79 Way

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code  
33015

600027113196  
01/16/04--01062--006 \*\*\*300.00

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

Date 1/06/2004

REGISTERED AGENT MUST SIGN

**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
President	Jose L Machin	18797 NW 79 Way	Miami / Florida / 33015

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:

Jose L. Machin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/2004

Date

(305) 776-1558

Daytime Phone #

CR2E001 (10/02)

20f2

ADE COMMUNICATIONS, INC.  
18797 NW 79<sup>TH</sup> WAY  
MIAMI, FL. 33015

January 6, 2004

State of Florida  
Division of Corporations  
P.O.Box 1500  
Tallahassee, Fl. 32302-1500

Document number: P02000110929

Gentlemen:

We did not file the UNIFORM BUSINESS REPORT due April 2003, since we moved and we did not received the appropriate form. This is our first year in business and we did not know that we have to file this form every year.

We are sending a check in the amount of \$300.00 dollars for the report due April 2003 and April 2004 as instructed in a telephone conversation with you agent. Also your agent informed me that for the reasons stated above you will waive all penalties.

This report always will be file on time in the future

Sincerely,

Jose L. Machin  
President