

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN -9 AM 10:53

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000123684

1. Corporation Name

ADE Enterprises, Inc.

2. Principal Office Address

4113 NW 14th St

3. Mailing Office Address

4113 NW 14th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33993

Country

USA

Zip

33993

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Nov 28, 2002

5. FEI Number

383665380

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Robert Adamski

800026971288

01/14/04--01065--024 **300.00

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

1714 E. CAPE CORAL PKWY

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

Robert Adamski

REGISTERED AGENT MUST SIGN

Date

1/8/04

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
PR	Robert Adamski	1714 E. CAPE CORAL PKWY	Cape Coral, FL 33904
Tr	Eric S. Graham	4113 NW 14th St	Cape Coral, FL 33993
Sec	Dennis Howard	5870 Compass Court	Cape Coral, FL 33914

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:

Eric S. Graham TREASURER ERIC S GRAHAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/04

Daytime Phone #

239 332 9474

CR2E081 (10/02)

ADE Enterprises, Inc.
4113 NW 14th St
Cape Coral, FL 33993
239-283-3606

Department of State Division of Corporations
409 E Gaines St
Tallahassee, FL 32399

To Whom It May Concern:

Please accept this reinstatement form and fees. We acknowledge that the form is late but we did not receive the 2003 corporate annual report and as such did not file it to keep the corporation active.

Thanks in advance for your consideration.



Eric S. Graham
Treasurer ADE Enterprises, Inc.

PS Please acknowledge receipt of this and reactivation by calling Eric S. Graham @ 239-332-9474 and by faxing acknowledgement to Eric S. Graham @ 239-334-3039.