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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JUN 21 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123752

1. Corporation Name  
PureAdrenaline Enterprises, Inc.

2. Principal Office Address  
6917 Saranac Lane  
Suite, Apt. #, etc.

3. Mailing Office Address  
6917 Saranac Lane  
Suite, Apt. #, etc.

City & State  
Mathews, NC

City & State  
Mathews, NC

Zip  
28105  
Country  
US

Zip  
28105  
Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida 11/18/02

5. FEI Number  
65-1162735  
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  
BARRY BANDLER  
500078672775  
06/28/06--01012--004 \*\*301.00  
Street Address (P.O. Box Number is Not Acceptable)  
9963 Three Lakes Circle  
Suite, Apt. #, Etc.  
City  
Boca Raton  
State  
FL  
Zip Code  
33428-6207

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 B. B. B. Date 5/16/06  
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
P	Christopher Lamarca	6917 Saranac Lane	Mathews, NC 28105

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: Christopher Lamarca, President Date June 17, 2006 541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 289 5050

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**BARRY BANDLER, E.A., P.A.**  
9963 THREE LAKES CIRCLE  
BOCA RATON, FL 33428-6207  
TELEPHONE: 561-470-9396  
FAX: 561-892-6242  
E-MAIL: BBANDLER@BELLSOUTH.NET

May 16, 2006

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: PureAdrenaline Enterprises, Inc.  
Document # P02000123752

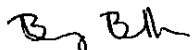
To Whom It May Concern:

As the accountant for the above named corporation, I respectfully request that the corporation be reinstated. Enclosed is a check for \$300.00 to cover the past two years filing fees.

Please abate the penalty as the corporate address had changed and the corporate annual reports were mailed to the old address.

If you have any further questions, please do not hesitate to contact me.

Sincerely,



Barry Bandler  
Enrolled Agent/Accountant