

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -7 AM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000124843*

1. Corporation Name

ADAC INC.

2. Principal Office Address

13020 ROYAL GEORGE

Suite, Apt. #, etc.

City & State

ODESSA

Zip

33556

Country

HILLSBOROUGH

3. Mailing Office Address

13020 ROYAL GEORGE AVE

Suite, Apt. #, etc.

City & State

ODESSA

Zip

33556

Country

HILLSBOROUGH

000061993190
12/07/05--01042--011 ***450.00
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11-22-02

5. FEI Number

57-1167050

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

GREGORY E. NASH

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

12602 ASHDOWN DR

Suite, Apt. #, Etc.

City

ODESSA

State

FL

Zip Code

33556

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 *11-29-05*

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
<i>PRES</i>	<i>GREGORY E NASH</i>	<i>12602 ASHDOWN DR</i>	<i>ODESSA FL 33556</i>
<i>V.P.</i>	<i>JAY H NASH</i>	<i>13020 ROYAL GEORGE</i>	<i>ODESSA FL 33556</i>

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.

GREGORY E NASH

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-29-05 (813) 267-1535

Daytime Phone #

ADAC

MEMO

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
RE: CORPORATION RESTATEMENT- P02000124843 ADAC, INC**

PLEASE RESTATE AND WAIVE 600.00 RESTATEMENT FEE (ADDRESS WAS WRONG)

**PLEASE NOTE CORRECT ADDRESS : 13020 ROYAL GEORGE AVE
ODESSA FL 33556**

IF YOU HAVE ANY QUESTIONS PLEASE CALL ME @ (813) 267-1535.

GREG NASH