PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 26 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000013683

1. Corporation Name
Adventures In Integration, Inc.

REINSTATEMENT 04-06 WS

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
271 NW 23rd Street	271 NW 23rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami FL
Zip: 33127 Country: USA	Zip: 33127 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/5/03

5. FEI Number: 65-1172217 ☐ 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: James G. Roberts

Street Address (P.O. Box Number is Not Acceptable): 271 NW 23rd Street

800074536758
05/15/06--01003--005 **450.00

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33127

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: April 25, 2006

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	James G. Roberts	271 NW 23rd Street	Miami FL 33127

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: _____ April 25, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2842

Adventures In Integration, Inc.
271 NW 23rd Street
Miami, FL 33127
305-205-6300

April 24, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Document #P03000013683

To Whom It May Concern:

As per my conversation with your representative, I am requesting an abatement of the late penalties for Adventures In Integration, Inc.

I have not received any notices for the prior years filing. Please wave all penalties for 2004 & 2005.

Sincerely,

James G. Roberts,
Pres.