## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT			FLORIDA	DEPAR* Secretary			TE		F	ILED	)	
REIN	STATEM	IENT		1	SION OF C						-6 PM :		
DOCUMENT # P03000023703  1. Corporation Name									SECHETARY OF STATE TALL AHASSEE, FLORIDA				
ADAM & EVE INC									<b>800088068558</b> 02/13/0701013009 **308.75				
	N.W. 1		P.O. Box # AVENUE	3. Mailing Office Address				REINSTATEMENT					
Suite, Apt. #	≠, etc.			Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 02/27/2003					
City & State				City & State				5. FEI Number 562326622 Applied For Not Applicable					
Zip 33°	33127 USA			Zip	Country	у		6. CERTIFICATE					
-7. Name and Address of Current Registered Agent													
Name MINOSO, JOEL R								The reinstatement fee is imposed, except in circumstances which the entity did not receive					
Street Address (P.O. Box Number is Not Acceptable) 830 N.W. 12TH AVENUE								the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
Suite, Apt. #, Etc.													
City	MIAM	l			State 33127				TOO DO WAIYOU.				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob-													
Signature of Registered				EGISTERED AC	ENT MUST SIGN			Date 02/01/2007					
9. Names	and Street A	ddresses	of Each Officer ar				rations must lis	st at le	ast 3 directors)				
Titles		Office	Name of rs and/or Director	Street Address of Ea Officer and/or Direct					City / State / Zip				
Р	LLEC	ENIA	TORIB	5830 N.W. 12TI			ΗД	VE,	MIAMI, FL. 33127				
VP	JOEL	RM	IINOSO		5830 N.W. 12TH			ΗA	VE, MIAMI, FL. 33127			127	
					•								
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 cignature small have the same legal effect as if made under oath.													
SIGNATURE: AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #													



786-331-7272 phone 786-331-7238 fax 786-513-5754 e-fax basilioirsins@aol.com basilioirsins@hotmail.com

To: Secretary of State Florida Department of State Division of Corporations

In Ref.: Corporation Reinstatement Adam & Eve, Inc. P03000023703

## To Whom It May Concern:

This corporation was filed on 02/27/2003 and no annual report was filed since 2005. Our accountant never advised us that we had to file annual report every year and we never received any notice stating that our corporation was going to be dissolved on 09/2006.

Please, we would like you to consider our petition to reinstate the above-mentioned corporation.

The fees we are sending are as follows:

2006 Annual report fee: \$61.252006 Supplemental fee: \$88.752007 Annual report fee: \$61.252007 Supplemental fee: \$55.75

Total

\$300.00

Llecenia Toribio

President