

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
RESTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000109922

1. Corporation Name  
ADAGIO, INC.

1140 HOLLAND DRIVE  
19232 CLOISTER LAKE LANE

2. Principal Office Address  
1140 HOLLAND DRIVE

3. Mailing Office Address  
19232 CLOISTER LAKE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

Zip  
33487

Country

Zip  
33498

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 10/03/03

5. FEI Number  
20-0280743

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  
THOMAS M. CLARK

Street Address (P.O. Box Number is Not Acceptable)  
2400 E COMMERCIAL BLVD

Suite, Apt. #, Etc.  
820

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33308

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

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
PD	JACOB EYAL	19232 CLOISTER LAKE LANE	BOCA RATON, FL 33498

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

**ADAGIO, INC.**  
**1140 HOLLAND DRIVE SUITE 7**  
**BOCA RATON, FL 33487**

May 17, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Adagio, Inc.  
P03000109922

To whom it may concern:

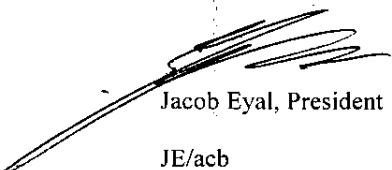
We respectfully request that you please abate the late filing penalty for the above referenced corporation.

We apparently did not receive an original notice and have now become aware that we were supposed to file this report on or before May 1.

Enclosed please find our check in the amount of \$ 150.00.

Your help and cooperation in this matter is sincerely appreciated.

Sincerely,



Jacob Eyal, President

JE/acb