2005 FOR PROFIT—CORPORATION REINSTATEMENT

KEINSTATEMENT							• • •			
DOCUMENT # P03000114597										
1. Entity Name						A	20 (MII): b	5		
ADY SALES CONSULTANTS INC							20 11111			
						'	· (.)			
Principal Place	e of Business			· ·	•	itië:				
Principal Place of Business Mailing Address 140 HAMILTON TERRACE 140 HAMILTON TERRACE										
ROYAL PALM BEACH, FL 33414 ROYAL PALM BEACH, FL 33414 ROYAL PALM BEACH, FL 33414					4					
						1 18411841 11		A III TAK IKTAL BITI		1861 St 1861
Principal Place of Business 3. Mailing Address										
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.				TIMPER	GA2Bo	198 (6/04)	nu-C
Cin. I Crat	•		City & State			4. FEI Numb				plied For
City & State			City & State			4. FEI NUMB	er			t Applicable
Zip	p Country		Zip Coun		itry	5. Certificate of Status Desired S8.75 Additional			itional	
						Fee Required				
·····	6. Name	and Address of Current F	Registered Agent		Name	7. Name and	Address of New R	egistered A	gent	
YOUNG, ADAM					reality					
140 HAMIL	TON TER	•		Street Address (P.O. Box Number is Not Acceptable)						
ROYAL PALM BEACH, FL 33414							•			
					City				Zip Code	
								FL		
	named entity tions of registe		the purpose of changing its	register	ed office or regis	tered agent, or bo	th, in the State of Flo	rida. I am fi	amiliar with,	and accept
trie obligat	iloris or registe	lied age.	7				4/5	5/00		
SIGNATURE.	Signature, typed o	ocionad nama el radiaterad amost a	nd title if applicable. (NO1	F. Benister	and Ament eigneture rec	quired when reinstating		DATE		
	Signature, types t	C San Carrier Contract Contrac	To the Popphease.				, 			
- 11	. E NOMEN	FFF 10 #200 00					In accordance v	vith s. 607.	193(2)(b),	F.S., the
rt.	LE NOWIII	FEE IS \$300.00					corporation did	not receive	tne prior r	notice.
10.		OFFICERS AND (DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	P		☐ Delete	TITL					☐ Change	Addition
NAME YOUNG, ADAM STREET ADDRESS 140 HAMILTON TERRACE				NAM	ME EET ADDRESS					
CITY-ST-ZIP ROYAL PALM BEACH, FL 334			Į.		-ST-ZIP					ĺ
TITLE			☐ Delete	TITL	E				☐ Change	Addition
NAME				NAN	AE .	F,		,, ,,	202	
STREET ADDRESS					EET ADDRESS		DDD555 170501017	ンプンごと '002	===== **300	ee
CITY-ST-ZIP	-				/-ST-ZIP	00/0	11010 01011	.000		
TITLE NAME	ļ		☐ Delete	TIT! NAM	<u>.</u>				☐ Change	☐ Addition
STREET ADDRESS					EET ADDRESS					}
CITY-ST-ZIP				ÇIT	r-ST-ZIP					-
TITLE			☐ Delete	TITE	.E				☐ Change	☐ Addition
NAME				NAM						
STREET ADDRESS City-St-Zip					EET ADDRESS Y-ST-ZIP					
TITLE	 		☐ Delete	TITE					☐ Change	Addition
NAME			L Delete	NAF	ľ				— онице	MUUTRUH
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				CIT	Y-ST-ZIP					
IIITE			☐ Delete	111					☐ Change	☐ Addition
NAME STREET ADDRESS				NAI STR	ME REET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP					
12. I hereby	certify that the	information supplied with	this filing does not qualify f	or the ex	emption stated in	Section 119.07/3)(i), Florida Statutes.	I further cer	tify that the i	nformation
indicated of the co	d on this repor progration or th	t or supplemental report is se receiver or trustee empo	strue and accurate and that owered to execute this repo	my sign: rt as requ	ature shall have th	he same legal effe	ect as if made under	oath; that I a	am an officer	or director
changed	d, or on an atta	chment with an address,	with all other like empowere	d.	,	/	/ ,	• • •		
SIGNAT	TIIDE.					4/2	1/05 56	1-436	165	5
SIGNA	ONE:_	SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICE	R OR DIRE	CTOR	1/2/	Date	. , , , , ,	laytime Phone #	