

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000108985

Entity Name: ADA ALF INC.

**FILED**  
**Dec 01, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

683 NW 122 PLACE  
MIAMI, FL 331822020 US

**New Principal Place of Business:**

**Current Mailing Address:**

683 NW 122 PLACE  
MIAMI, FL 331822020 US

**New Mailing Address:**

FEI Number: 20-2541948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RONDON, EMILIA  
683 NW 122 PLACE  
MIAMI, FL 331822020 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EMILIA RONDON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RONDON, EMILIA  
Address: 683 NW 122 PLACE  
City-St-Zip: MIAMI, FL 331822020 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIA RONDON

Electronic Signature of Signing Officer or Director

PD

12/01/2009

Date