

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 MAY 25 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000114790

1. Corporation Name

**Adao Telecom, Inc.**

*Handwritten signature/initials*

**REINSTATEMENT** 05-07  
KOP

2. Principal Office Address - No P.O. Box #  
233 N. John Young Parkway

3. Mailing Office Address  
12328 Beestone Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Kissimmee, FL

City & State  
Raleigh, NC

Zip  
34741

Country  
USA

Zip  
27614

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida  
08/06/2004

5. FEI Number  
01-0819082

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  
Edward A. Holmes

Street Address (P.O. Box Number is Not Acceptable)  
233 N. John Young Parkway

Suite, Apt. #, Etc.

City  
Kissimmee

State Zip Code  
FL 34741

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Handwritten signature of Edward A. Holmes*

Date 05/23/2007

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
C/D	Edward A. Holmes	12328 Beestone Lane	Raleigh, NC 27614
P/D	Karen M. Wilson	714 Canterbury Lane	Kissimmee, FL 34741

400108431804  
05/29/07--01032--006 \*\*458.75

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:

*Handwritten signature of Edward A. Holmes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/23/2007

Date

(919) 995-1590

Daytime Phone #