• PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI				DEPART Secretary ISION OF CO	of St		E		FIL 07 AUG I	ED 4 M 2	56	
DOCUMENT # P04000138042 1. Corporation Name									SECRETART OF STATE TALLAHASSEE, FLORIDA				
Richard Adelson General Contractor, Inc									#				
2. Principal Office Address - No P.O. Box # 2670 Red Oak Court				3. Mailing C Same	3. Mailing Office Address Same				QEII		owen i	T ()-(-)-	
Suite, Apt. #, etc.				Suite, Apt. #	Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida Oct 5, 2004				
city & State Clearwater,-FL				City & State	City & State				65-1233620 Applied For Not Applicable				
^{Zip} 3376′	761 US		Zip	Zip		try					litional Fee required rtificate of Status		
7. Name and Address of Current Registered Agent													
Riichard Adelson									The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you				
Street Address (P.O. Box Number is Not Acceptable) 2670 Red Oak Coun													
Suite, Apt. #, Etc.									are certifying the prior notices were not received and requesting the reinstatement.				
Ĉlearwater						State 33760 e			tee 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 Date 8/10/07 REGISTERED AGENT MUST SIGN													
9. Names	and Street A	ddresses	of Each Office	and/or Director (F	lorida nonpro	ofit corpo	orations must list	t at lea	st 3 directors)				
Titles	Name of Officers and/or Directors			tors	Street Addre Officer and /c						City / State / Zíp		
Pres	P-1CHA	1 F.P /	(belson		2670 pet all a			COV	ret	CLEARWAY	EP, FL	33761	
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						200100046882 08/14/0701040007 **908.75							
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: Richard Adelson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #													