

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 17 PM 4:41

DOCUMENT # **P05000083018**

1. Corporation Name

ADAJOB INC.

2. Principal Office Address - No P.O. Box #

2500 North University Dr.

Suite, Apt. #, etc.

13

City & State

Sunrise, FL

Zip

33322

Country

USA

3. Mailing Office Address

2500 North University Dr.

Suite, Apt. #, etc.

13

City & State

Sunrise, FL

Zip

33322

Country

USA

000180986810
05/17/10--01056--021 **450.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

June 8, 2005

5. FEI Number

061780932

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 **Andre Chevrolleau**

Street Address (P.O. Box Number is Not Acceptable)

16308 N.W. 18th St.

Suite, Apt. #, Etc.

City **Pembroke Pines**

State

FL

Zip Code

33028

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

[Signature]

Date **June 14, 2010**

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
COO	Andre Chevrolleau	16308 N.W. 18th St	Pembroke Pines, FL 33028
CEO	Adrian Baxter	1701 S. Coral Terrace	North Lauderdale, FL 33068
COO	Aaron Ortega	16308 N.W. 18th St.	Pembroke Pines, FL 33028
President	Ashawni Jackson	87-39 Kingston Place 2nd Floor	Jamaica, NY 11432

REINSTATEMENT

08-10 13 6/24/10

10. E-mail Address: **adajobrecords@gmail.com**

(To be used for future annual report notification)

11. 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. I further certify, 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]* **Andre Chevrolleau**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **June 14, 2010** (954) 536-1805

Date

Daytime Phone #