

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 APR -4 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 10-12

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 4/15/2009

5. FEI Number  
26-477586

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

APR 4 2012

S. TONER

300227255163  
04/03/12--01027--004 \*\*458.75

7. Name and Address of Current Registered Agent

Name  
Richard Isaacson

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

Suite, Apt. #, Etc.  
Suite 213

City  
Miami Beach

State  
FL

Zip Code  
33139

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 3/29/2012

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
President/CEO	Richard Isaacson	540 West Ave, Suite 213	Miami Beach FL 33139

Reinstated without penalty due to clerical error. RB 4/4/12

10. E-mail Address: ADECFL@YAHOO.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-2012 7862299554

Date

Daytime Phone #