

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13000011419

1. Corporation Name

ADCA CORP

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

922 SW 149TH CT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33194

Country

USA

3. Mailing Office Address

922 SW 149TH CT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33194

Country

USA

FILED

2018 NOV 1 P 2 12

TALLAHASSEE, FLORIDA

600320487088
11/01/18--01008--008 **1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

46-1958310

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

DAVID MIGUEL

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

922 SW 149TH CT

Suite, Apt. #, etc.

City

MIAMI

State

FL

Zip Code

33194

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

REGISTERED AGENT MUST SIGN

Date 10/30/18

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
PD	DAVID MIGUEL	922 SW 149 TH CT	MIAMI/FL/33194
TD	ADRIANA CASTELLANO	922 SW 149 TH CT	MIAMI/FL/33194

10. E-mail Address: ADCACORP3@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., 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

10/30/18

Date

3054693160

Daytime Phone #