

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 NOV 30 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13000081795

1. Corporation Name

American Dollar Group INC

**FILING CANCELLED
RETURNED CHECK**

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

1901 LAKEVIEW WAY

Suite, Apt. #, etc.

3. Mailing Office Address

1901 Lakeview way

Suite, Apt. #, etc.

City & State

POINCIANA, FL

City & State

POINCIANA FL

Zip

34759

Country

US

Zip

34759

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2013

5. FEI Number

46-3778004

☐ 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

ELVIN CHEVALIER

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

1901 Lakeview way

Suite, Apt. #, Etc.

City

POINCIANA

State

FL

Zip Code

34759

600292791186
11/30/16--01005--001 **550.00

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

11/30/16

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
T	ELVIN Chevalier	1901 Lakeview way	POINCIANA, FL, 34759

REINSTATEMENT

NOV 30 2016

R. HUNT

10. E-mail Address:

(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

Date

Daytime Phone #

11/30/16