

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P21000063968

1. Corporation Name

ADTECHLABS INC

200409812822
06/01/23--01005--004 **\$750.00

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

2999 NE 191st St

3. Mailing Office Address

2999 NE 191st St

Suite, Apt. #, etc.

STE 907

Suite, Apt. #, etc.

STE 907

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/2021

5. FEI Number

☒ 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

Fincom Group USA Inc.

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

2999 NE 191st St

Suite, Apt. #, Etc.

STE 907

City

Aventura

State

FL

Zip Code

33180

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN - 1 PM 2:15

FILED

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

Anna Korniakova

Date

05/24/2023

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
P	IVAN PARYSHEV	2999 NE 191st St STE 907	Aventura, FL 33180

REINSTATEMENT

2023

JUN - 1 2023

M. WILLIAMS

10. E-mail Address: tax@fc-g.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:

Ivan Paryshev

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/24/2023

Date

Daytime Phone #

486-450-1706