## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P39521

City-St-Zip:

FORT MYERS, FL 33916

FILED Oct 20, 2004 Secretary of State

Entity Nan	ne: AD-LIT I	NC.		•	
Current Principal Place of Business:			New Principal Place o	of Business:	
	I BEACH BLY RS, FL 339				
Current Mailing Address:			New Mailing Address	:	
	I BEACH BLY ERS, FL 339				
FEI Number:	39-1218492	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and A				New Registered Agent:	
	I. THOMAS I BEACH BLY ERS, FL 339				
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	onic Signature of Registered Ager	t	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GUSSEL, J. T 2890 PALM B	,	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DIXON, JOAN PO BOX 27	) Delete C DELLS, WI 53965	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	V ( GUSSEL, LIS 2890 PALM B		Title: Name: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOAN C. DIXON S 10/20/2004