PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED
97 DEC -2 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066267**

1. Corporation Name

ADANA INT'L., INC.

Principal Place of Business	Mailing Address
105 CREEKWOOD CT. LONGWOOD FL 32779	P.O. BOX 3075 LONGWOOD FL 32750

REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
931 N. STATE Rd 434
Suite, Apt. #, etc.
SUITE 1201-256
City & State
ALTAMONTE SPRINGS, FL
Zip 32714 Country USA

3. New Mailing Office Address, If Applicable
931 N. STATE RD 434
Suite, Apt. #, etc.
SUITE # 1201-256
City & State
ALTAMONTE SPRINGS, FL
Zip 32714 Country USA

4. Date Incorporated or Qualified To Do Business in Florida **09/20/1993**

5. FEI Number **59-3203713** ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MOSHER, DAVID D	105 CREEKWOOD CT. 931 N. STATE Rd 434 SUITE # 1201-256. ALTAMONTE SPRINGS FL 32714	LONGWOOD FL 32779 400002364564--7 -12/05/97--01101--022 ****750.00 ****750.00 12/4

8. Name and Address of Current Registered Agent

MOSHER, DAVID D
105 CREEKWOOD CT.
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name: MOSHER, DAVID D
Street Address (P.O. Box Number is Not Acceptable): 931 N. STATE Rd 434
Suite, Apt. #, Etc.: SUITE # 1201-256
City: ALTAMONTE SPRINGS State: FL Zip Code: 32714

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: David Mosher
REGISTERED AGENT MUST SIGN
Date: 11/28/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ DOES NOT OWE
(See other side for information on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: David Mosher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-97
Date

(407) 788-9526
Daytime Phone #

CR2E040 (8/97)