## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPART Sécretary DIVISION OF CO	of State		FILI	ED AM 9:4	1
DOCUMENT # P9400067855  1. Corporation Name ADURNTURELAND INC  1. Corporation Name ADURNTURELAND					SECRETARY TALLAHASSEI	OF STATE E, FLORID	Ā
2. Principal Office Address  LHHO 5. F1.  Suite, Apt. #, etc.	Au.	3. Mailing Office Addres	s	-			
City & State  Floral City F1  Zip Country  34436 34436		City & State		4. Date Incorporated or Qualified To Do Susiness in Florida  5. FEI Number  59 - 32 75 649  Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent							
Name  FREDERICK KOETH  Street Address (P.O. Box Number is Not Acceptable)  GOSD W GULF TO CAKE HWY  Suite, Apt. #, Etc.  City  CRYSTAL RIVER  State Zip Code FL 34429							
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 Date 11-2-04  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 Offic	Name of Street Address of Eac Officers and/or Directors Officer and/or Director			or City / State / Zip			
Res-all Cynth.	a Iver	Ser 6440	5. Fl. Au. 1	loral City	Floral Ci	ty F1.	3443L
	·			01	200049 726705—010	4477 39002	*92 **308.75
				11/04	カンロ424 /0401034-	7365. -003 **:	150.00
10. 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 filling 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #							

To Whom it may concern:

Jes 2003 + would like late fee wavel

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1-18-2005

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