

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000092776

1. Corporation Name

ADICO, Inc.

50 FEB 22 AM 8:51

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

7543 E. Tierra Buena Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/94

5. FEI Number

65-0542624

Applied For

Not Applicable

City & State

Scottsdale, AZ

City & State

Zip

85260

Country

USA

Zip

Country

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
Ch. & CEO	Jack V. Gunion	7543 E. Tierra Buena Drive	Scottsdale, AZ 85260
Pres.	Paul Diaz-Asper	7543 E. Tierra Buena Drive	Scottsdale, AZ 85260
CFO, Secy. Treas.	Dominick J. Sblendorio	7543 E. Tierra Buena Drive	Scottsdale, AZ 85260
			200002789622--2 -03/01/99--01003--008 *****900.00 *****900.00
			200002789622--2 -03/01/99--01003--009 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date 2/18/99

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dominick J. Sblendorio, CFO

2/18/99

Date

602-951-7174

Daytime Phone #