

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg. 1 of 2

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF REVENUE
ANDREW J. MORRIS
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -1 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000065859

1. Corporation Name

ADRIAN SERVICES DIV., INC.

Principal Place of Business

Mailing Address

7809 WEST COMMERCIAL BOULEVARD
TAMARAC FL 33351

7809 WEST COMMERCIAL BOULEVARD
TAMARAC FL 33351

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0611360

Applied For

Not Applicable

City & State

City & State

Zip

Country

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
D	DE PALO, YOLANDA	7809 WEST COMMERCIAL BOULEVARD	TAMARAC FL 33351

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05/06/97-01135-012

****365.00 ****365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE PALO, YOLANDA
7809 WEST COMMERCIAL BOULEVARD
TAMARAC FL 33351

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

4/24/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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

YOLANDA DE PALO

Date

4/24/97

Daytime Phone #

(954) 26-8866

CR2040 (7/96)

George L. Gober & Co.

7809 W. COMMERCIAL BLVD.
TAMARAC, FLORIDA 33351

(305) 726-8866
FAX (305) 726-0787

pg. 2 of 2

April 24, 1997

Department of State
Division of Corporations
Annual Reports Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Application for reinstatement

To whom it may concern:

Going over our records, we have discovered that we have not received the renewal forms to file the 1996 Corporate Annual Report for Adrian Services Div., Inc.

Although a change of address has been filed with the local Post Office notifying them of our move from 7653 NW 57th Street, Tamarac, FL 33321 to 7809 W. Commercial Blvd., Tamarac, FL 33351, this corporation has not received its Annual Report from the Department of State for the year 1996.

Taxpayer thought that our office filed the report and we thought that the taxpayers, following our move to the new address, have corrected the 1995 form to read and effect the new mailing address.

Please accept these reinstatement form and the \$365.00 check to bring this corporation up to date.

Thank you in advance for your understanding and prompt attention to this matter.

George L. Gober & Co.

GLG:moi