

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 APR -1 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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--04/02/97--01042--010
****915.00 ****915.00

APPLICATION
FOR, *Reinstatement*
REINSTATEMENT



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

DOCUMENT # *95000006343*

1. Corporation Name

*American Diversified Marketing
Enterprises Inc*

Principal Place of Business

Mailing Address

*10877 NW 52 St. #6
Sunrise, 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<i>Aug 28, 1995</i>	
City & State		City & State		5. FE# Number	
Zip		Zip		<i>65-0605005</i>	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
<i>Pres</i>	<i>Victor Adams</i>	<i>7960 Colony Cir S #302</i>	<i>TAMARAC, FL 33321</i>
<i>V. Pres</i>	<i>Brenda Foreman</i>	<i>7960 Colony Cir S #302</i>	<i>TAMARAC, FL 33321</i>

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*Friedman, Mark
10877 NW 52 St. #6
Sunrise, FL 33351*

Name
Street Address (P.O. Box Number is Not Acceptable)
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

Mark Friedman

REGISTERED AGENT MUST SIGN

Date

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)(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:

Brenda Foreman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97 954-572-5218
Date Daytime Phone #

CR2E046 (12/96)