

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDADOCUMENT # P96 0000 44197

1. Corporation Name

Adam David Enterprises, Inc.  
1855 Ocean Blvd  
Delray Beach, FL 33483

2. Principal Office Address

1855 Ocean Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Delray Beach, FL

City &amp; State

Zip

33483

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida5-23-96

5. FEI Number

38-3345067

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒80% Ownership by U.S. Citizens  
or U.S. Corporations

## 7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of

Registered Agent

Deborah D. Skipper**Deborah D. Skipper**  
**as its agent**

Date

3/1/00

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	<u>Polselli, Remo</u>	<u>16400 J.C. Hudson Dr. Ste 1500</u>	<u>Southfield, MI 48075</u>

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 807 or 817, 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 807.0401 or 817.0401, 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: X Remo Polselli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Feb 00

Date

248-723-8400

Daytime Phone #

CR2E081 (9/99)