PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham ' FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 JUL 24 PM 1:35 **DOCUMENT #** P96000055274 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA A D S FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 5800 TOWN BAY ORIVE. UNIT 433 POST OFFICE BOX 10244 BOCA BATON FL 33486 POMPANO BEACH FL 33061 5810 N. FEDERM 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 B10 N. To Do Business in Florida 06/28/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State Not Applicable \$8.75 Additional Fee regulred Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zin 5800 TOWN BAY DRIVE, UNIT 433 **PSTD** SIEGLE, ARTHUR D BOGA RATON FL 33488 ~ 3330B 400002600284--6 :07/28/98--01041--002 ****315.00 ****315.00 8. Name and Address of Current Registered Agent AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Suite, Apt. #, Etc. State 10. I, being appointed the agent of the above named ration, am familiar with and accept the obligations of Section 607.0505, F.S Signature of Registered Agent 11. This corporation owes or has plaid the current year (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 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.

Yes I

SIGNATURE: OF SIGNING OFFICER OR DIRECTOR

Intangible Personal Property tax due June 30.

ADS FINANCIAL SERVICES INC.

P. O. BOX 10244 POMPANO BEACH, FLORIDA 33061 PHONE: 954 492-4**2**42 FAX: 954 492-9208

July 16, 1998

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern,

Enclosed please find our check in the amount of \$315.00 in order to reinstate our corporation. We had never received the renewal forms and finally did receive this application.

I spoke with Tyrone in your office and he advised us to write this letter and enclose a check for \$315.00.

Thank you in advance.

Very truly yours,

Stuart R. Siegle

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P.S. Our attorneys; Amerilawyer, also told us that a renewal application was not received.