

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000095991

1. Corporation Name

ADCUENT, INC.

Principal Place of Business

16328 MIRA VISTA LANE  
DELRAY BEACH FL 33446

Mailing Address

16328 MIRA VISTA LANE  
DELRAY BEACH FL 33446

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03 NOV 14 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/22/1996

5. FEI Number

65-0713657

Applied For

Not Applicable

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	4 City / State / Zip
P	DEL REAL, ALEJANDRO	16328 MIRA VISTA LANE	DELRAY BEACH FL 33446

200024893162  
11/23/03 01072-030 \*\*150.00

8. Name and Address of Current Registered Agent

DEL REAL, ALEJANDRO  
16328 MIRA VISTA LANE  
DELRAY BEACH FL 33446

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

Date

10/09/03

REGISTERED AGENT MUST SIGN

11. 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

Date

10/09/03

Daytime Phone #

561-488-2550 x204

CR2ED-40 (7/03)



Department of Corporations  
P.O. Box 6327 – Tallahassee, FL 32314  
Attn: Tina Roberts  
Ref #: P69000095991

Dear Ms. Roberts,

As per our telephone conversation this morning, I am writing to you to explain our company situation in regard to the **2003 corporate annual report/uniform business report**.

First of all, I want to apologize for the delay of payment of this due. Normally this are issues that our accountant used to handle, but since the down turn in the economy, we had been forced to laid off employees and relocate our office.

Unfortunately, it never came to my attention the fact that we had received the uniform report and it could be due to the following reasons: 1) The person that received it never gave it to me and latter it was laid off due to downsizing of the office. 2) The report had arrived to the old office. 3) The report had arrived to a different office.

Due to the bad economy, my company had not turned a profit since 2001. For us, the cost of \$600 to reinstate is not affordable at this time. I would appreciate if you could please accept this check for \$150 that will cover the following fees: \$61.25 filing fee for the current year and \$88.75 corporate supplemental fee.

Thanks you in advance for your assistance in this matter!

Respectfully,

A handwritten signature in black ink, appearing to read 'Alejandro del Real', with a stylized flourish at the end.

Alejandro del Real  
President