

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. ...
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JUL 27 PM 2:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name P96000100185

ADY'S FAMILY HOME, INC.

Principal Place of Business

Mailing Address

1779 SW 59th Ave.
 Miami, FL 33155

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

2. New Principal Office Address, If Applicable
 1879 SW 59th Ave.

3. New Mailing Office Address, If Applicable
 1879 SW 59th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33155

Country
 U.S.A.

Zip
 33155

Country
 U.S.A.

4. Date Incorporated or Qualified
 To Do Business in Florida 04/10/1997

5. FEI Number
 65-0721701

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Orlando Pacheco	1879 SW 59th Ave.	Miami, FL 33155

8000002601628--9
 -07/29/98--01063--002
 ***\$315.00 ***\$315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Orlando Pacheco
 1779 SW 59th Ave.
 Miami, FL 33174

Name
 Orlando Pacheco
 Street Address (P.O. Box Number is Not Acceptable)
 1879 SW 59th Ave.
 Suite, Apt. #, Etc.

City
 Miami

State
 FL

Zip Code
 33155

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 X

REGISTERED AGENT MUST SIGN

Date X 07/23/98

11. This corporation owes or has paid the current year
 Intangible Personal Property tax due June 30.

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date

Daytime Phone #