PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

CORPORATION

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
Division of Corporations

2000 UBR

FILED
00 DEC 14 AM 11:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000005108

1. Corporation Name
ADS Distributors, Inc.

2. Principal Office Address	**3.** Mailing Office Address
670 2nd Street North	670 2nd ST N ~~Same~~
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.: A
City & State: Safety Harbor, FL	City & State: Safety Harbor, FL
Zip: 34695 Country: USA	Zip: 34656 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Jan 17, 1997

5. FEI Number: 65-0718838 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Edwin Kagan

300003514663--5
-12/27/00--01012--014
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 2709 Rocky Point Drive

Suite, Apt. #, Etc.: Suite 102

City: Tampa State: FL Zip Code: 33607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 12/11/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
P	Michael G. Rogan	3116 Oyster Bayou Way	Clearwater, FL 33759
EVP-S	Alan L. Rosenberg	5623 Goldfish Street	Lutz, FL 33549

KE

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 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: Alan L. Rosenberg Alan L. Rosenberg 12/11/00 (727) 725-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # EXT 12

ADS Advisors Group *The Professional Advisor Alliance*

Registered Investment Advisors
Member NASD, SIPC
670 Second Street North
Safety Harbor, Florida 34695

(727) 725-8711
Fax (727) 725-8911
(800) 843-2244

December 13, 2000

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

Re: Reinstatement of Corporation
ADS Distributors, Inc.
65-0718838

To whom it may concern,

Thank you for sending us the application for reinstatement. We have been at this address for nearly 3 years now and have been incorporated for nearly 4 years. For reasons that neither Michael Rogan, (President), or I can explain we did not receive any renewal forms from the State of Florida this year. Only Mr. Rogan and I have access to the mail. We have only one employee and she too is certain she never saw the renewal forms.

Neither Mr. Rogan or I knew of any problem until a representative from the Division of Securities brought it to our attention. I immediately contacted your department to have this oversight rectified as quickly as possible. I apologize for the oversight and respectfully request a one time waiver of the $600 reinstatement fee. I have enclosed a check for $150 and await your decision.

Thank you for your time and consideration.

Sincerely,

Alan L. Rosenberg
Executive VP