

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 23 PH 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000044763

1. Corporation Name

Adina Management, Inc.

Principal Place of Business

Mailing Address

3404 Bimini Lane
Coconut Creek, FL 33066

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

2. New Principal Office Address, If Applicable

3404 Bimini Lane

3. New Mailing Office Address, If Applicable

3404 Bimini Lane

4. Date Incorporated or Qualified
To Do Business in Florida

May 16, 1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0754097

Applied For

Not Applicable

City & State

Coconut Creek, FL

City & State

Coconut Creek FL

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
P/S/T	Adina Drosin	3404 Bimini Lane	Coconut Creek, FL 33066
D	Eileen B. Gregory	5701 Green Oak Drive	Los Angeles, CA 90068
VP/D			

REINSTATEMENT

98
12/23/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

PARACORP INCORPORATED

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

236 EAST 6TH AVE.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

Adina Drosin

REGISTERED AGENT MUST SIGN

Date

12/23/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Adina Drosin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adina Drosin, President

Date

12/14/98

(954) 979-1132

Daytime Phone #

CR2E040 (12/98)