

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -8 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000046759

1. Corporation Name

ADULT AGE VERIFICATION SERVICES, INC.

Principal Place of Business

2851 HAMMONDVILLE ROAD
POMPANO BEACH FL 33069

Mailing Address

545 MADISON AVENUE
6TH FLOOR
NEW YORK NY 10022

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

2. New Principal Office Address, If Applicable

545 Madison Ave

Suite, Apt. #, etc.

Suite 600

City & State

New York, NY

Zip

10022

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1997

5. FEI Number

65-0756169

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

MARCUS, BERNARD M

2851 HAMMONDVILLE ROAD

POMPANO BEACH FL 33069

OTTAVIANO, ANTHONY

545 MADISON AVENUE, 6TH FLOOR

NEW YORK NY 10022

CICCORICCO, MICHAEL

545 MADISON AVENUE, 6TH FLOOR

NEW YORK NY 10022

000009921490
01/07/03--01046--007 **300.00

8. Name and Address of Current Registered Agent

MARCUS, BERNARD M
2851 HAMMONDVILLE ROAD
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

Bernard M. Marcus

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

6044 Rossmore Lakes Court

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33437

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/15/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NuWeb Solutions, Inc.
545 Madison Avenue, Suite 600
New York, New York 10022
Tel (212) 583-0211
Fax (212) 583-9628

VIA OVERNIGHT DELIVERY

January 6, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement Applications for NuWeb Solutions, Inc., and
Adult Age Verification Services, Inc.

To Whom It May Concern:

I have enclosed the Reinstatement Applications for the NuWeb Solutions, Inc., and Adult Age Verification Services, Inc., together with the \$300.00 filing fee for each corporation. I request a waiver of the reinstatement fee because I did not receive the forms until December 2002.

Please contact me if you have any questions or need further information. Thank you for your assistance.

Sincerely,

NuWeb Solutions, Inc.


By: Anthony Ottaviano, Secretary