

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/12

2001
CORPORATION
REINSTATEMENT
WBR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 14 AM 9:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 97000054086

1. Corporation Name

A.D. Lloyd Management

2. Principal Office Address

1780 S. Sapodilla

Suite, Apt. #, etc.

Suite # 206

City & State

West Palm Beach Florida

Zip

33401

Country

U.S.A.

3. Mailing Office Address

1780 S. Sapodilla

Suite, Apt. #, etc.

Suite # 206

City & State

West Palm Beach Florida

Zip

33401

Country

U.S.A.

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****150.00 ****150.00

4. Date Incorporated or Qualified
To Do Business in Florida

June 1997

5. FEI Number

655762498

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Elliot Bellin

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

1780 S. Sapodilla

Suite, Apt. #, Etc.

Suite # 206

City

West Palm Beach

State

FL

Zip Code

33401

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]

REGISTERED AGENT MUST SIGN

Date

10/10/01

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
Pres	Elliot Bellin	1780 S. Sapodilla Suite 206	West Palm Beach Florida 33401

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)(j), 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] Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/01

Daytime Phone #

CR25001 (2/00)

2002


Elliot Bellen
A.D. Lloyd Management, Inc.
780 S. Sapodilla, #406
West Palm Beach, Florida 33401
561-366-9500

October 10, 2001

Florida Department of State
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

RE: A.D. Lloyd Management, Inc.
FEI Number 650762698

To Whom It May Concern:

While attempting to renew my annual report on-line the status of the above corporation appeared to be inactive. Apparently the address for the Registered Agent was not updated and the notification from your office was sent to my accountants office. Due to circumstances out of my control the notification was never forwarded to me.

I am enclosing herewith the completed Corporation Reinstatement form and \$150.00 check for renewal and am requesting that your office grant consideration for waiving late fees due to the above stated situation.

Thanking you in advance for your consideration in this matter.

Sincerely,

A.D. Lloyd Management, Inc.


Elliot Bellen

President

EB/eb