

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -9 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000070603

1. Corporation Name

ADMINISTRATIVE ASSOCIATES, INC.

2. Principal Office Address

2626 E OAKLAND PARK BLVD

Suite, Apt. #, etc.

SUITE 300

City & State

FT. LAUDERDALE, FL

Zip

33306

Country

BROWARD

3. Mailing Office Address

2626 E OAKLAND PARK BLVD

Suite, Apt. #, etc.

SUITE 300

City & State

FT. LAUDERDALE, FL

Zip

33306

Country

BROWARD

500015561385
04/09/03--01067--028 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/97

5. FEI Number

65-0796646

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

MICHAEL D. RYAN

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

700 MIDDLE RIVER DRIVE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE, FL

State
FL

Zip Code

33304

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

Michael D. Ryan

REGISTERED AGENT MUST SIGN

Date 3-27-2003

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
D	MICHAEL D. RYAN	700 MIDDLE RIVER DRIVE	FT. LAUDERDALE, FL 33304

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.

MICHAEL D. RYAN

SIGNATURE:

Michael D. Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 563-8411

Date

Daytime Phone #

Val

Administrative Associates, Inc.
2626 E Oakland Park Blvd
Suite 300
Ft Lauderdale, FL 33306

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

Enclosed please find our Corporation Reinstatement form.

We are also enclosing our check for \$308.75 representing the \$150.00 filing fees for 2002 and for 2003, as well as an \$8.75 fee for a Certificate of Status.

We are requesting a waiver of the reinstatement fee due to the fact that we did not receive the Uniform Business Reports for 2002 or 2003.

Michael D. Ryan

Michael D. Ryan

954-563-8410