

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000024796

1. Entity Name
AD GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 11 PM 3:07

REINSTATEMENT

4/14/08
07-08

Principal Place of Business
**675 W. FLAGLER ST
MIAMI, FL 33130**

Mailing Address
**675 W. FLAGLER ST
MIAMI, FL 33130**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



03242008 REIN-P CR2E098 (1/07)

4. FEI Number
65-0831695

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent
Name **Spiegel & Utrera, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street, 4th Floor
City **Miami** FL Zip **33145**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Natalia Utrera, Vice President 4/7/08**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIERRA, FRANCO 675 W. FLAGLER ST MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800121353388 03/26/08--01037--007 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIERRA, CAROLINA M 675 W FLAGLER ST MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3/24/08** **305.545.2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #