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1. Corporation Name
A D N ENTERPRISES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 91013	P.O. BOX 91013
LAKELAND FL 33804	LAKELAND FL 33804

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida 06/19/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3523128	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	NICOLLS, ANGELO D	P.O. BOX 91013 N/A	LAKELAND FL 33804
			500003026935--6 -10/27/99--01089-017 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NICOLLS, ANGELO D 206 LAKE HARRIS DRIVE LAKELAND FL 33813		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 Angelo Viole
REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/99 Date

Date _____

941) 660-2020
Daytime Phone #

Daytime Phone #

074-Sf-A

(2)

BERNIE COOK & ASSOCIATES, P.A.

TAX CONSULTING, BOOKKEEPING, & TAX PROBLEMS RESOLUTION

206 Lake Harris Drive
Lakeland, FL 33813
Telephone: 863-648-0123
Fax: 863-647-5905
E-mail: Cook_Bernie@hotmail.com

October 15, 1999

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Attn.: Stacy

RE: ADN Enterprises, Inc. 59-3523128

Dear Stacy,

As instructed, we hereby request a reinstatement of this corporation for the following reasons; The president, Mr. Nicolls, is a liquidator for large insurance companies, and is literally on the road almost 360 days per year. Any mail directed to the registered agent is sent to our address which is attended to immediately. However, mail sent to his post office box often lays there for several days before being collected, and when collected is sometimes misplaced or not understood. If it is brought here, we deal with it for him. However, we did not receive the Annual Report from you for whatever reason, and that is the reason it was not mailed back to you. It was not an oversight, as we instruct some 30 to 40 clients annually how and when to file the Annual Report. We just never received it.

Enclosed is a check for \$150.00 as you requested, and the Reinstatement Application. Would you please assist us as soon as possible.

Thank you for your understanding and help.

Very Sincerely,

Bernie Cook, F.A., POA

Cc: ADN Corporation