PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 15 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000057706

1. Corporation Name

ADGR Enterprises, Inc.

2. Principal Office Address	3. Mailing Office Address
1195 NW 81 St.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33150 / Country: USA	Zip / Country

04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 6/26/98

5. FEI Number: 65-0899190 ☐ 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: Karen Azari

Street Address (P.O. Box Number is Not Acceptable): 1195 NW 81 St.

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33150

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: Karen Azari — REGISTERED AGENT MUST SIGN

Date: June 11, 2006

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	Karen Azari	1195 NW 81 St.	Miami, FL 33150

$ 6/15

700076397387
06/20/06--01064--009 **450.00

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 contained in Chapter 119, 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: Karen Azari — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/06 — Date

(305)970-9029 — Daytime Phone #

June 12, 2006

Dept. of State
Div. of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Waiver Request for Reinstatement Fee

To whom it may concern:

ADAR Enterprises Inc. did not receive the annual report notices in the year the corp was dissolved. Please waive the 600.00 reinstatement fee.

Thank you,

Karen Azari, Pres.
ADAR Enterprises Inc
1195 NW 81 St.
Miami FL 33150
(305) 970-9029

Please find enclosed ck # 3353 for $450.00 ($150.00 x 3 years) Thank you!