

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 JAN -4 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000094187

1. Corporation Name
ADVENTURE Computers, Inc.

Principal Place of Business Mailing Address
~~2201 Brickell Avenue, #56~~
~~Miami, FL 33129~~

REINSTATEMENT 1999

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

2. New Principal Office Address, if Applicable
300 Biscayne Blvd. WAY Suite, Apt. #, etc. 917
3. New Mailing Office Address, if Applicable
P.O. Box 113054 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 11-5-98

City & State - Miami, FL - City & State Miami, FL

5. FEI Number 65-0873967 Applied For Not Applicable

Zip 33131 Country Miami - Dade Zip 33111-3054 Country U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☒ \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTS	Robert C. Hearnden	200 Biscayne Blvd. WAY #12-C	Miami, FL 33131
V	Joao T. Lins	200 Biscayne Blvd. WAY, #12-C	Miami, FL 33131

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

Robert C. Hearnden
~~2201 Brickell Avenue #56~~
~~Miami, FL 33129~~

9. Name and Address of New Registered Agent

Name Robert C. Hearnden
Street Address (P.O. Box Number is Not Acceptable) 200 Biscayne Blvd. WAY
Suite, Apt. #, Etc. Apt. #12-C
City Miami State FL Zip Code 33131

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 Robert C. Hearnden
REGISTERED AGENT MUST SIGN

Date 12-28-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: Robert C. Hearnden (Robert C. Hearnden) 12-28-99 305 371-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)