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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 27, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P99000001050

1. Corporation Name

ADK Enterprises, Inc

2. Principal Office Address

9144 NW 52 Court

Suite, Apt. #, etc.

3. Mailing Office Address

9144 NW 52 Court

Suite, Apt. #, etc.

City & State

Corn Springs, FL

Zip

33067

Country

USA

City & State

Corn Springs, FL

Zip

33067

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/4/99

5. FEI Number

65-0887603

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

Barry Kripitzon

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

9144 NW 52 Court

Suite, Apt. #, Etc.

City

Corn Springs

State

FL

Zip Code

33067

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

8/26/02

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
P	Barry Kripitzon	9144 NW 52 Court	Corn Springs, FL 33067

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)(j), 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]* Barry Kripitzon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02

Date

(904) 612-0561

Daytime Phone #

CR2E081 (9/01)

pb

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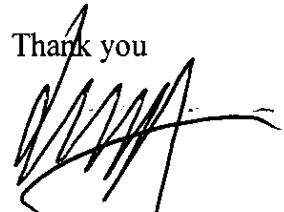
August 26, 2002

Florida Department of State  
Division of Corporations

To Whom It May Concern:

As per my telephone conversation please reinstate ADK Enterprises, Inc.  
(P99000001050). I never received the renewals on this.

Thank you

A handwritten signature in black ink, appearing to read 'Barry L. Kripitzer', written over the printed name and title.

ADK Enterprises  
Barry L. Kripitzer  
President