

## 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000003826</b> 1. Entity Name <b>AVADANIAN &amp; ADLER, INC.</b>						<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 0.8em;">08 NOV 17 AM 10:47</div> <div style="font-size: 0.7em;">TREASURY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>6001 BROKEN SOUND PARKWAY NW SUITE 404 BOCA RATON, FL 33487-2754</b>				Mailing Address <b>6001, BROKEN SOUND PARKWAY NW SUITE 404 BOCA RATON, FL 33487-2754</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>65-0886373</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						11132000 REIN-P CR2E098 (1/07)	
<b>6. Name and Address of Current Registered Agent</b>  <b>ADLER, RUSSELL S 401 EAST-LOS OLAS BLVD. # 1650 FORT LAUDERDALE, FL 33301</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
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 <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>11/13/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2009, Fee will be \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVADANIAN, GREGG G 5686 ASPEN RIDGE CIRCLE DELRAY BEACH, FL 33484			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100138014501 11/17/08--01069--017 **750.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADLER, RUSSELL S 2425 DELMAR PLACE FORT LAUDERDALE, FL 33301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>11/13/08</u> <u>561-995-2120</u> <small>Daytime Phone #</small>			