

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 DEC 24 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000007614**

1. Corporation Name

**ADESSO, INC.**

Principal Place of Business

5901 S.W. 15TH STREET  
PLANTATION FL 33317

Mailing Address

5901 S.W. 15TH STREET  
PLANTATION FL 33317

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

☒ State Incorporated or Qualified  
To Do Business in Florida

01/26/1999

5. FEI Number

65-0902645

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PUNZIANO, MICHAEL A	5901 S.W. 15TH STREET	PLANTATION FL 33317

000004769590--3  
-01/11/02--01054--028  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

**PUNZIANO, MICHAEL A**  
5901 S.W. 15TH STREET  
PLANTATION FL 33317

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Michael A Punziano*

REGISTERED AGENT MUST SIGN

Date

30 oct 01

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:

*Michael A Punziano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

30 oct 01

Daytime Phone #

CR2E040 (8/01)

2012  
Adesso Inc  
5901-SW 15 Street  
Plantation Fl 33317

20 December 01

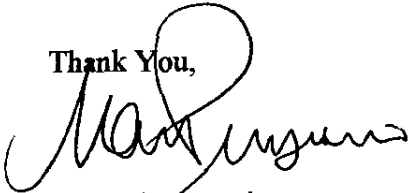
Secretary Of State  
Division Of Corporations  
Tallahassee, Fl

Dear To Whom It May Concern,

I have never received the original uniform report (UBR) for this year 2001.  
We have had substitute letter carriers on our route and have had trouble receiving all of our mail. These service problems have been reported to the US Post Office. We are on a waiting list for a PO box to eliminate this problem in the future.

Could you please accept my report and the \$150 fee and waive the penalty.

Thank You,



Michael A Punziano  
President, Adesso Inc