APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02 SEP 24 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1058.75 ***1058.75

DOCUMENT # P99000031723

1. Corporation Name
ADOLSON, INC.

REINSTATEMENT 2000-2002

2. Principal Office Address	3. Mailing Office Address
5825 NW 42 Terrace	5825 NW 42nd Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33496 Country: USA	Zip: 33496 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1029769 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Charge for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MICHELE J HODKIN PA

Street Address (P.O. Box Number is Not Acceptable): 7900 Glades Road SUITE 650

Suite, Apt. #, Etc.: SUITE 650

City: BOCA RATON State: FL Zip Code: 33434

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 6 7.0503, F.S.

Signature of Registered Agent: Michele Hodkin
REGISTERED AGENT MUST SIGN

Date: 9/20/02

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
D	Adolfo Rondelarica	5825 NW 42nd Terrace	Boca Raton, FL 33496

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 607.04 01 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(1)(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: [signature]
SIGNATURE AND TITLE OF DIRECTOR OR OFFICER

c/o MICHELE J HODKIN PA

9/18/02 561 477 5755

CORPORATE ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 9/24/02 [signature]

___CERTIFIED COPY_____ ✓CUS gs

___✓PHOTO COPY_____ ✓FILING Reinstatement

1.) ADolson, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

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FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS_____

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