

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 3:41

DOCUMENT # P99000091753

1. Corporation Name

ADVENTURE GROUP OF FLORIDA, INC.

Principal Place of Business

Mailing Address

4854 EAST 9TH COURT
HIALEAH FL 33013

4854 EAST 9TH COURT
HIALEAH FL 33013

100004657881--0

-10/29/01--01091--002

****150.00 ****150.00



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0953529

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	ORDIALES, MARIA L	4854 EAST 9TH COURT	HIALEAH FL 33013
DV	ORDIALES, ANGEL	4854 EAST 9TH COURT	HIALEAH FL 33013

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IGLESIAS, ADOLFO E
12010 SW 97TH STREET
MIAMI FL 33186-2606

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

Adolfo Iglesias
REGISTERED AGENT MUST SIGN

Date 10-09-01

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:

Maria L. Ordiales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-689-2683

Date

10-9-01
Daytime Phone #

CR2040 (8/01)

October 15, 2001

Florida Department of State
Division of Corporation
P.O. BOX 6327
Tallahassee, FL 32314

To Whom It May Concern:

I'm writing this letter to ask that you please reinstate my company. I received this form and the notice indicating that I had not filed with your office. This is true the reason being that I never received any letter for payment of the corporation. It is not my fault since the paperwork never reached me. I ask that you please take this into consideration and make the necessary adjustment to get my corporation back on track. One of your attendants informed me that I needed to send this letter, the reinstatement form and a check. I have included all the necessary paperwork, please help me with this matter.

Thanking you in advance,



Maria Luisa Ordiales