

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 25 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000105633

1. Corporation Name

ADUSA CORP

2. Principal Office Address - No P.O. Box #

260 CRANDON BLVD

Suite, Apt. #, etc.

32 (PMB 133)

City & State

KEY BISCAIYNE, FL

Zip

33149

Country

USA

3. Mailing Office Address

260 CRANDON BLVD

Suite, Apt. #, etc.

32 (PMB 133)

City & State

KEY BISCAIYNE

Zip

33149

Country

USA

REINSTATEMENT
CR2E081 (12/07) 8-208

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/99

5. FEI Number

65-0966673

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

JORGE SALAME-CORDOVA

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

575 CRANDON BLVD

Suite, Apt. #, Etc.

APT 502

City

KEY BISCAIYNE

State

FL

Zip Code

33149

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 2/14/08

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
PD	JORGE SALAME-CORDOVA	575 CRANDON BLVD # 502	KEY BISCAIYNE, FL 33149
			800118753198 02/25/08--01053--019 **450.00

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 contained in Chapter 119, 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:

[Handwritten Signature]

JORGE SALAME CORDOVA

Date

2/14/08

Daytime Phone #

3057622834