

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

~~Jim Smith~~
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V21551

1. Corporation Name

AD-APTATIONS, INC.

REINSTATEMENT

02



600008583696

10/25/02--01011--015 **750.00

Principal Place of Business

Mailing Address

~~560 N.W. 165TH STREET ROAD~~

~~560 N.W. 165TH STREET ROAD~~

~~SUITE 311~~

~~SUITE 311~~

~~MIAMI FL 33169~~

~~MIAMI FL 33169~~

1380 miami Gardens Drive Suite 250

N. Miami Bch FL 33179

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1992

5. FEI Number

65-0336077

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 |
|---------------|---|--|---|
| SD | FRAYND, PAUL | 560 NW 165TH ST. RD. #311 1380 miami Gardens Drive Suite 250 | MIAMI FL N. Miami Bch, FL 33179 |
| PD | STEIN, LINDA | 560 NW 165TH ST. #311 1380 miami Gardens Drive Suite 250 | MIAMI FL N. Miami Bch, FL 33179 |
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| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRAYND, PAUL

560 N.W. 165TH STREET ROAD

SUITE 311

MIAMI FL 33169

1380 miami Gardens Drive
Suite 250
N. Miami Bch
33179

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/5/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)