

Florida Department of State  
Division of Corporations  
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To: Division of Corporations # 8876258  
Fax Number : (850) 617-5384

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TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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CORPORATION REINSTATEMENT  
ADF UNIT TRUST, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,508.75


AUG 28 2013  
S. PRATHER

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P07000095189</b>					
1. Corporation Name <b>ADF UNIT TRUST INC</b>					
2. Principal Office Address - Not P.O. Boxes <b>11712 JEFFERSON AVE</b>			3. Mailing Office Address <b>11712 JEFFERSON AVE</b>		
State, Apt. #, etc. <b>#268C</b>			State, Apt. #, etc. <b>#268C</b>		
City & State <b>NEWPORT NEWS, VA</b>			City & State <b>NEWPORT NEWS, VA</b>		
Zip <b>23608</b>		Country <b>USA</b>	Zip <b>23608</b>		Country <b>USA</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>8/23/2007</b>					
5. Fee Number				Applied For <input type="checkbox"/> Not Applied	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$9.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>NRAI Services, Inc.</b>					
Street Address (P.O. Box, Home, or Not Applicable) <b>1200 South Pine Island Road</b>					
City <b>Plantation</b>					
State <b>FL</b>		Zip Code <b>33324</b>			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 007.0505 or 017.0500, F.S.					
Signature of Registered Agent <i>Michele Holden</i>		Date <b>8/28/13</b>			
REGISTERED AGENT MUST SIGN: <b>Michele Holden, Asst. Sect</b>					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City/State/Zip	
CEO	Joan Phoenix-French	11712 Jefferson Ave #268C		Newport News, VA 23606	
COO	Johnny French	7104 Terrell Lane		Hampton, VA 23667	
ADM	Cleveland Galnas-Phoenix	7104 Terrell Lane		Hampton, VA 23667	
10. E-mail Address: <b>joanrf@gmail.com</b> (To be used for future annual report notification)					
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 007 or 017, 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 007.0401 or 017.0401, P.B., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that the information contained in a document to the Department of State constitutes a third degree felony as provided for in s.017.153, P.B.					
SIGNATURE: <i>Joan Phoenix-French</i>				8/27/2013 (757) 340-2318	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR					

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