

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 31 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024004

1. Corporation Name

Adcock Florida Management, Inc.

2. Principal Office Address

3. Mailing Office Address

313 W. Fletcher Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33612

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/98

5. FEI Number

59-3547034

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

Bruce H. Gordon

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

101 E. Kennedy Blvd.

Suite, Apt. #, Etc.

Suite 2800

City

Tampa

000003389870

09/12/00-01050-008

***900.00 ***900.00

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

REGISTERED AGENT MUST SIGN

Date

8-29-00

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/P T/S	John L. Adcock	313 W. Fletcher Ave.	Tampa, FL 33612
D/VP	Dorothy Adcock	313 W. Fletcher Ave.	Tampa, FL 33612
D/1VP	Johnny R. Adcock	313 W. Fletcher Ave.	Tampa, FL 33612
D/2VP	Michael Adcock	313 W. Fletcher Ave.	Tampa, FL 33612
D/3VP	Patrice A. Kemp	313 W. Fletcher Ave.	Tampa, FL 33612

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-00

Date

(813) 935-8795

Daytime Phone #