

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 193108

1. Corporation Name

GEORGE E. ADAMS INC.

FILED

00 JAN -3 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2180 W. FIRST STREET  
#212  
FT MYERS FL 33901  
US

Mailing Address

2180 W. FIRST ST.  
#212  
FT MYERS FL 33901  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/1956

5. FEI Number

59-0782042

Applied

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 99-2000

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ADAMS, DANIEL F.	1250 GASPARILLA DR.	FT MYERS, FL 00000
SD	ADAMS, LEAH	944 N TOWN & RIVER DRIVE	FT. MYERS FL
CD	ADAMS, GEORGE E.	944 N TOWN & RIVER DRIVE	FT. MYERS FL
ASD	STEWART, WILLIAM L.	1239 CARLENE AVENUE	FT MYERS, FL 00000
			100003105321--7 -01/21/00--01001--003 ****150.00 ****150.00 100003105321--7 -01/21/00--01001--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ADAMS, DANIEL F.  
2180 W. FIRST STREET, #212  
FT MYERS FL 33901

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date DEC. 30th, 1999

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DANIEL F. ADAMS - PRES

DEC. 30th 1999 (941) 334-3334  
Date Daytime Phone #



GEORGE E. **ADAMS** INC.  
REALTOR

December 30, 1999

Florida Dept. of State  
Katherine Harris  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of Dissolved Corporation (George E. Adams, Inc.).


To Whom It May Concern,

Enclosed is a check in the amount of \$750.00 (together with signed reinstatement form) representing our payment of penalty fees for reinstatement and reversal of dissolution of the George E. Adams, Inc. corporation for failure to timely file its 1999 Corporate Annual Report Form.

Please be advised that this failure to file the 1999 report form was an **inadvertent** oversight caused by a change in our office personnel.

Along with the enclosed 1999 penalty payment is our check in the amount of \$150.00 as advanced payment of the 2000 Corporate Report Fee. Thank you for your consideration.

- George E. Adams, Inc.

  
Daniel F. Adams - President