

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 400635

1. Corporation Name

ADAMS & ADAMS ENTERPRISES, INC

Principal Place of Business

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

Mailing Address

2180 W. FIRST STREET
#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

04/26/1972

SP

5. FEI Number

59-1409257

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SD	STEWART, WILLIAM L	1239 CARLENE	FT MYERS, FL 00000
PVT	ADAMS, DANIEL F	1250 GASPARILLA DRIVE	FT MYERS, FL 00000
C	ADAMS, GEORGE E	944 N TOWN & RIVER DR	FT MYERS, FL 00000
TD	ADAMS, DANIEL F	1250 GASPARILLA DR	FT MYERS, FL 00000
			600003098406--0 -01/14/00--01006--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ADAMS, DANIEL F
2180 W. FIRST, ST. SUITE 212
FT MYERS FL 33901

9. Name and Address of New Registered Agent

Name

700003098407--7

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

01/14/00--01006--006

Suite, Apt. #, Etc.

****150.00 ****150.00

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]
REGISTERED AGENT MUST SIGN

Date DEC. 30, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL F. ADAMS - DIRECTOR

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

CR2E040 (8/99)

Adams & Adams Enterprises, Inc.
2180 W. First St.
Suite 212
Ft. Myers, FL 33901-3220

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 (Adams & Adams Enterprises, 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 Adams & Adams Enterprises, 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 advance payment of the 2000 Corporate Report Fee. Thank you for your consideration.

Adams & Adams Enterprises, Inc.


Daniel F. Adams - President