

## 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT -5 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10052007 REIN-P CR2E098 (1/07) 07

<b>DOCUMENT # G13052</b> 1. Entity Name R.K. ADAMS CONSTRUCTION, INC.			
Principal Place of Business % ROBERT KENNETH ADAMS 1773 COPPERFIELD CIR., 10323 TALLAHASSEE, FL 32312		Mailing Address % ROBERT KENNETH ADAMS 1773 COPPERFIELD CIR., 10323 TALLAHASSEE, FL 32312	
2. Principal Place of Business - No P.O. Box # 3056 Dickinson DR Suite, Apt. #, etc.		3. Mailing Address 3056 Dickinson DR Suite, Apt. #, etc.	
City & State TALLAHASSEE FL Zip 32311 Country Leon		City & State Tallahassee FL Zip 32311 Country Leon	
4. FEI Number 59-2245196		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ADAMS, ROBERT KENNETH 1773 COPPERFIELD CIRCLE TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 3056 Dickinson DR City Tallahassee FL Zip Code 32311	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, ROBERT KENNETH 1773 COPPERFIELD CIR TALLAHASSEE, FL 00000,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3056 Dickinson DR Tallahassee FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ADAMS, SABRINA MARIE 1773 COPPERFIELD CIR TALLAHASSEE, FL 00000,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3056 Dickinson DR Tallahassee, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100110993131 10/19/07--01007--025 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Robert M. Adams</u> Via President		Date: 10-5-07 Daytime Phone #: 668-8932	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	