

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 AM 11:33

DOCUMENT # J20828

1. Corporation Name

CHARLES P. ADAMS, JR., M.D., P.A.

Principal Place of Business

1034 RIVERSIDE AVE
JACKSONVILLE FL 32204

Mailing Address

1034 RIVERSIDE AVE
JACKSONVILLE FL 32204

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

06/24/1986

5. FEI Number

59-2685095

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPTS	ADAMS, CHARLES P., JR.	1034 RIVERSIDE AVE.	JACKSONVILLE FL

000004657920--7
-10/29/01--01093--006
****750.00 ****750.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

ADAMS, CHARLES P., JR.
1034 RIVERSIDE AVE.
JACKSONVILLE FL 32204

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

Handwritten signature
REGISTERED AGENT MUST SIGN

Date 10.15.01

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:

Handwritten signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles P Adams Jr MD President

Date

Daytime Phone #

904-354-2114

CR2E040 (8/01)