

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J85479

1. Corporation Name

ADAM MEDICAL SERVICES, INC.

Principal Place of Business

1419 W. WATERS AVE.
SUITE 107-G
TAMPA FL 33604
US

Mailing Address

1419 W. WATERS AVE.
SUITE 107-G
TAMPA FL 33604
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

08/04/1987

5. FEI Number

65-0005772

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
P	JESSUP, RICHARD	10908 LAKE ANDOVER BLVD.	TAMPA FL 33624
			400004649824--8 -10/23/01--01040--016 ****150.00 ****150.00
			11LS

8. Name and Address of Current Registered Agent

JESSUP, RICHARD
10908 LAKE ANDOVER BLVD.
TAMPA FL 33624

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

REGISTERED AGENT MUST SIGN

Date

10/11/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/01

813 264 5445

CR2E040 (8/01)

2062

Adam Medical Services, Inc.

1419 W. WATERS AVENUE
UNIT 107
TAMPA, FL 33604
813 264-5445 / 800 326-5445

October 11, 2001

Dear Sir,

Enclosed is my application for Reinstatement and a check for \$ 150.00.

I did not receive the previous notifications because they are directly sent to our outside Bookkeeping firm, Hodge and Associates.

Please waive the penalty fee for this reinstatement.

Sincerely,

Richard Jessup

Richard Jessup
President

RJ/ts

"Commitment To Quality"