

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 13 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10092006 REIN-P CR2E098 (11/05)

4. FEI Number  
65-0033775

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

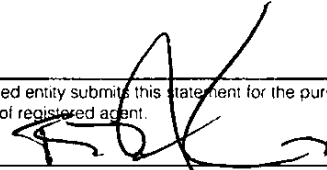
## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

ADAMS, F F JR  
2725 PGA BLVD  
PALM BEACH GARDENS, FL 33410

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/8/06

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ADAMS, F F JR  
STREET ADDRESS 2725 PGA BLVD  
CITY - ST - ZIP PALM BEACH GARDENS, FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE P  
NAME ADAMS, F F III  
STREET ADDRESS 2725 PGA BLVD  
CITY - ST - ZIP PALM BEACH GARDENS, FL 33410

TITLE  
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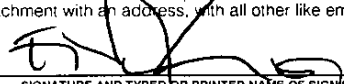
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

 F F ADAMS JR 10/8/06 561-626-7000