

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 23 AM 11:52

TALLAHASSEE, FLORIDA

DOCUMENT # **K92287**

1. Corporation Name

**A A & M Enterprises of NW FL, Inc.**

2. Principal Office Address

**2712 Highway 98 West**

Suite, Apt. #, etc.

City & State

**Mary Esther, Florida**

Zip

**32569**

Country

**USA**

3. Mailing Office Address

**2712 Highway 98 West**

Suite, Apt. #, etc.

City & State

**Mary Esther, Florida**

Zip

**32569**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/1/90**

5. FEI Number **CORRECT**  
**59-2951668**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Hubert D. Adkison, Sr.**

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

**2712 Highway 98 West**

Suite, Apt. #, Etc.

City

**Mary Esther**

State

**FL**

Zip Code

**32569**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Hubert Adkison*

Date

**3-17-04**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>Pres</b>	<b>Hubert D. Adkison</b>	<b>2712 Highway 98 West</b>	<b>Mary Esther, FL 32569</b>

10. 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:

*Hubert Adkison*

**Hubert D. Adkison, Sr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-17-04 850-862-8941**

CFR2001 (01/04)

~~From~~  
Per telephone conversation  
with Michelle --

Paperwork was returned  
to the state, therefore,  
only the \$150.00 fee needs  
to be paid for the 2  
years not filed.