

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 15 PM 3 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04533

1. Corporation Name

Adobe Corp.

2. Principal Office Address

7180 South US HWY 1

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Zip

34952

Country

St. Lucie

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/1989

5. FEI Number

65-0215011

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-05

7. Name and Address of Current Registered Agent

Name

Davis, Joseph

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

7180 South US HWY 1

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34952

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

REGISTERED AGENT MUST SIGN

Date

11/10/05

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
P	Davis, Joseph	7180 South US HWY 1	Port St. Lucie, FL 34952
S	Davis, Gale J	7180 South US HWY 1	Port St. Lucie, FL 34952

100061429611

11/15/05--01015--020 **1200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/05

Daytime Phone #