

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -9 AM 8:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M88548

1. Corporation Name

Adcox Group, Inc.

2. Principal Office Address

8746 McKenna Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

same

Zip

32226

Country

USA

Zip

32226

Country

USA

REINSTATEMENT

CU-03

4. Date Incorporated or Qualified
To Do Business in Florida

7/6/88

5. FEI Number

59-2902679

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

John W. Adcox, Jr.

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

8746 McKenna Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32226

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

John W. Adcox, Jr.

Date

12/3/03

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
PSD	John W. Adcox, Jr.	8746 McKenna Dr.	Jacksonville, FL 32226
VT	Barbara A. Adcox	8746 McKenna Dr.	Jacksonville, FL 32226

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:

Barbara A. Adcox Barbara A. Adcox

Date

12/3/03

Daytime Phone #

904/309-0649

CR2E081 (10/02)

27