

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 16 PM 2:54

DOCUMENT # **W 97000 0010 33**

1. Corporation Name

Adept SERVICES, Inc

700007374897--5
-08/27/02--01045--027
****245.00 ****245.00

2. Principal Office Address

506 CACTUS ST

3. Mailing Office Address

506 CACTUS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tall. FL

Tall. FL

Zip

Country

Zip

Country

32304

USA

32304

USA

4. Date Incorporated or Qualified To Do Business in Florida

2/24/1997

5. FEI Number

59-3447019

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

Carl Michael Schwendinger

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

506 CACTUS ST

Suite, Apt. #, Etc.

City

Tall.

State

FL

Zip Code

32304

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

Carl Michael Schwendinger

Date

8-16-02

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
PD	Carl Michael Schwendinger	506 Cactus St	Tall. FL 32304
UTSD	ANDREA D. Schwendinger	506 Cactus St	Tall. FL 32304
D	FRANK C. LOCASCIO	1619 Rivergate Trl	Jacksonville FL 32228

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

Carl Michael Schwendinger

Date

8-16-02

Daytime Phone #

850 576 4838

CR2E081 (9/01)

292

8/16/02

To: Dept of State

Re: Reinstatement

Dto: 8/16/02

Please waive penalty for reinstatement
We did not have income during the
previous term and did not receive
forms.

Please verify

Paul Michael Sherry