

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 NOV 15 AM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N99000005170*

1. Corporation Name

The Lawrence J. Adams Family Foundation, Inc.

2. Principal Office Address

971 Spinnakers Reach Drive

Suite, Apt. #, etc.

3. Mailing Office Address

971 Spinnakers Reach Drive

Suite, Apt. #, etc.

City & State

Ponte Verda Beach, Florida

City & State

Ponte Verda Beach, Florida

Zip

32082

Country

U.S.A.

Zip

32082

Country

U.S.A.

REINSTATEMENT *2000-2002*

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/30/99

5. FEI Number
59-3607221

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

Delores L. Adams

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

971 Spinnakers Reach Drive

Suite, Apt. #, Etc.

City

Ponte Verda Beach

State

FL

Zip Code

32082

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

Delores L. Adams REGISTERED AGENT MUST SIGN

Date

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
DPST	Delores L. Adams	971 Spinnakers Reach Drive	Ponte Verda BE, FL 32082
D	Frank D. Newman	Concord Bldg, 66 West Flager St, Ste 700	Miami, FL 33130
D	Christopher L. Ketchledge	971 Spinnakers Reach Drive	Ponte Verda BE, FL 32082

10. I certify that I am an officer or director of 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:

Delores L. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Delores L. Adams, President

Date

3/10/02

(561) 912-3208
Daytime Phone #

The Lawrence J. Adams Family Foundation, Inc.

I, being appointed the registered agent of The Lawrence J. Adams Family Foundation, Inc., am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Date: _____

9/9/02



Delores L. Adams, Registered Agent
971 Spinnakers Reach Drive
Ponte Verda Beach, FL 32082