

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 NOV 26 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000012830

1. Corporation Name

ADAIR DISTRIBUTING, INC.

2. Principal Office Address - No P.O. Box #
1140 SW 45TH TERR.

3. Mailing Office Address
P.O. BOX 7755

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

NAPLES, FL

Zip

33914

Country

LEE

Zip

34101

Country

COLLIER

300112576533
11/26/07--01047--010 **600.00

REINSTATEMENT 07

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/2000

5. FEI Number

65-0978961

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

ADAIR, KIM

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

327 UTANA AVE.

Suite, Apt. #, Etc.

City

FT. MYERS,

State

FL

Zip Code

33905

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date

11/21/07

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
P, S, T	ADAIR, TINA	1140 SW 45TH TERR.	CAPE CORAL, FL 33914
VP	ADAIR, KIM	327 UTANA AVE.	FT. MYERS, FL 33905

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 contained in Chapter 119, 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] Kim E. Adair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/07

239-825-9195

Daytime Phone #

11/29/07