

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 27 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000022450

1. Corporation Name

V. CYPRIAN ADAMS PA

2. Principal Office Address - No P.O. Box #

5725 CORPORATE WAY

Suite, Apt. #, etc.

SUITE #210

City & State

W. P. B

Zip

33407

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

200181431472

05/27/10--01005--019 **\$600.00

REINSTATEMENT 05-10

4. Date Incorporated or Qualified
To Do Business in Florida

2/25/2000

5. FEI Number

650998343

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

VENEL C. ADAMS

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

5725 CORPORATE WAY

Suite, Apt. #, Etc.

SUITE #210

City

W. P. B

State

FL

Zip Code

33407

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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]

REGISTERED AGENT MUST SIGN

Date 05/01/2010

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.	VENEL C. ADAMS	5725 CORPORATE WAY SUITE #210	W. P. B FL 33407

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 10 / 2010 954 226 8447