

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 12:32

DOCUMENT # P00000031111

1. Corporation Name

ADAMS PHARMACY SERVICES, INC.

Principal Place of Business

6406 HWY 90
MILTON FL 32570

Mailing Address

6406 HWY 90
MILTON FL 32570



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Same

3. New Mailing Office Address, If Applicable

Same

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3640087

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	ADAMS, ROBERT P	3191 HARRISON STREET 3259 Bernath St	MILTON FL 32583
T	ADAMS, MELISSA A	3191 HARRISON STREET 3259 Bernath St.	MILTON FL 32583
			0000004659560--9 -10/30/01--01077--003 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

ADAMS, ROBERT P
6406 HWY 90
MILTON FL 32570

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Robert P. Adams
REGISTERED AGENT MUST SIGN

Date

10/15/2001

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 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:

Robert P. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/2001

Daytime Phone #

CR20040 (801)

**ADAMS PHARMACY
6406 HWY 90
MILTON, FL 32570
(850) 623-6377
FAX 850-623-3336**


10-15-01

Department of State
Division of Corporations
P.O. box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is regarding the recent notice of Administrative Dissolution or Revocation. We are sending the application for reinstatement form along with the \$150.00 as per our calling regarding this application we were told to send this amount because we were never sent an application for renewal. The corporate officers have moved, however there was a forwarding of mail through the postal office for the mail to go to the new address indicated. The current business address remains the same. Please let us know if we need to complete any further paperwork regarding this matter.

Thank you,


Paul Adams,
CEO of Adams Pharmacy