

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 22 AM 8:00

DOCUMENT # P01000059310

1. Corporation Name

A Career in Sales, Inc.

2. Principal Office Address

15272 Berea Drive

3. Mailing Office Address

P. O. Box 340625

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Odessa, FL

City & State

Tampa, FL

Zip

33556

Country

U.S.A

Zip

33694

Country

U. S. A.

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

6/12/01

5. FEI Number

59-3728174

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

Brandon C. Adams

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

15272 Berea Drive

Suite, Apt. #, Etc.

City

Odessa

State

FL

Zip Code

33556

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

3/19/04

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
DP	Brandon C. Adams	15272 Berea Drive	Odessa, FL 33556
DV	Joey C. Adams	15272 Berea Drive	Odessa, FL 33556
DS	Benjamin L. Adams	15272 Berea Drive	Odessa, FL 33556
DT	Erin K. Adams	15272 Berea Drive	Odessa, FL 33556

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brandon C. Adams, President

Date

3/19/04

(877) 926-5457

Daytime Phone #

CR2001 (01/04)