

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB 25 PM 12:35

DOCUMENT # P01000095430

1. Corporation Name

Adams Property Corporation
~~ADAMS BROTHERS' PROPERTY CORPORATION~~

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

8775 SW 129 St.

Suite, Apt. #, etc.

3. Mailing Office Address

8640 SW 126 Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

USA

Zip

33156

Country

USA

REINSTATEMENT 05-13

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2001

5. FEI Number

651143292

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

Adams, Richard

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

8640 SW 126 Terr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

2005 - 2013

600245117546
02/26/13--01028--007 **1950.00

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

Richard Adams

Date 02/20/13

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
D/P	Adams, Richard	8640 SW 126 Terr.	Miami, FL 33156
D/S	Adams, James H.	18404 SW 87 Ct.	Miami, FL 33157
			FEB 27 2013
			T. CAULEY

10. E-mail Address: ELudovici@Ludovici-law.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Richard Adams

RICHARD ADAMS 2/20/13 315-772-0165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #