

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

 FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119550

1. Corporation Name

RICHARD J. ADAMS, P.A.

Principal Place of Business

900 W. 49TH ST., STE. 514
HIALEAH FL 33012

Mailing Address

900 W. 49TH ST., STE. 514
HIALEAH FL 33012

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/2001

5. FEI Number

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ADAMS, RICHARD J	900 W. 49TH ST., STE. 514	HIALEAH FL 33012

8. Name and Address of Current Registered Agent

MONTES, MELISSA --
900 W. 49TH ST., STE. 514
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name RICHARD J. ADAMS JR.
Street Address (P.O. Box Number is Not Acceptable)
900 W. 49TH ST. STE # 514
Suite, Apt. #, Etc. HIALEAH FL 33012
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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/08/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/08/02

CR2E040 (8/02)

RICHARD J. ADAMS, P.A.

ATTORNEYS AT LAW

RICHARD J. ADAMS, JR.
AV RATED LAWYER

TELEPHONE: (305) 824-9800
TELEFAX: (305) 824-3868
E-MAIL: radams5@bellsouth.net

BANK OF AMERICA BUILDING
900 WEST 49TH STREET, SUITE 514
HIALEAH, FLORIDA 33012

November 8, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Richard J. Adams, P.A.

Dear Division of Corporations:


Regarding the above Corporation, please be advised we just recently received the enclosed Application for the first time, which we are submitting immediately. This is an ongoing entity, and had we received the previous notice(s), they would have been timely forwarded to your department for the necessary registration.

Enclosed please find

- 1) Application for reinstatement and
- 2) Check for \$150.00 filing fee.

Thanks very much for your attention to this matter.

Sincerely,



Richard J. Adams, Esq., Director

RA/il