

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 AUG -8 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000101668**

**1. Corporation Name**

James Paul Adair PA

**2. Principal Office Address**

1725 1/2 E 7th Ave

**3. Mailing Office Address**

1725 1/2 E 7th Ave

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

Suite 6

City & State

Tampa FL

City & State

Tampa FL

Zip

33605

Country

Zip

33605

Country

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

**5. FEI Number**

02-0636170

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 08-05**

**7. Name and Address of Current Registered Agent**

Name

Adair, James P

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

1725 1/2 E 7th Ave

Suite, Apt. #, Etc.

Suite 6

City

Tampa

State

FL

Zip Code

33605

400058353234  
08/08/05 01068 012 \*\*1051.00

**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

REGISTERED AGENT MUST SIGN

Date **8/11/05**

**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	Adair James	1725 1/2 E 7th Ave Suite 6	Tampa, FL 33605

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/11/05**

CR2E081 (01/05)