

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FILED

06 JAN 26 PM 2:28


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600065596236
02/10/06--01076--006 **450.00

REINSTATEMENT
CR2E081 (12/05)

04-06

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 403000005220

1. Corporation Name

Adams Top Notch Officials, Inc

2. Principal Office Address

4979 SW 90 Terr

Suite, Apt. #, etc.

City & State

Cooper City, FL

Zip

33328

Country

Broward

3. Mailing Office Address

6330 SW 41 Court

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33314

Country

Broward

4. Date Incorporated or Qualified To Do Business in Florida

1-14-2003

5. FEI Number

20-0663855

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

Paul B Adams

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

4979 W 90 Terrace

Suite, Apt. #, Etc.

City

Cooper City

State

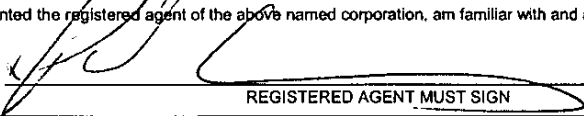
FL

Zip Code

33328

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



Date

1-25-06

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
P	Paul B Adams	4979 W 90 Terrace	Cooper City FL 33328

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 contained in Chapter 119, 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

1-25-06

Daytime Phone #

974 478 8267

B. Mitchell FEB 1 2006

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ADAMS TOP NOTCH OFFICIALS, INC
4979 SW 90 TERRACE
COOPER CITY, FL 33328
954-478-8267

January 31, 2006

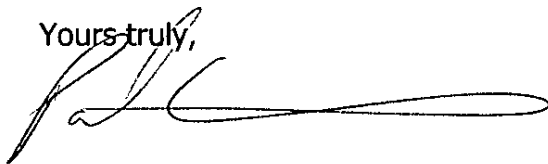
Re: Adams Top Notch Officials, Inc
P03000005220

To Whom It May Concern:

We would like to reinstate the above mentioned company. We never received the Annual Report Notice's from the Florida Department of State, therefore we request that you waive the reinstatement fees.

Please do not hesitate to contact me if you have any questions regarding this matter.

Yours truly,

A handwritten signature in black ink, appearing to be 'Paul Adams', with a long horizontal flourish extending to the right.

Paul Adams
President