

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000002397

1. Corporation Name

Richard Adams Painting, Inc.

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

5534 Mimosa Street

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

32539

Country

USA

3. Mailing Office Address

5534 Mimosa Street

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

32539

Country

USA

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

01/01/2004

5. FEI Number

20-0427461

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

John R. Adams

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

5534 Mimosa Street

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32539

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

John R. Adams

REGISTERED AGENT MUST SIGN

Date **September 24, 2008**

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
PTD	John R. Adams	5534 Mimosa Street	Crestview, FL 32539
VPD	Eric P. Adams	6183 North Highway 189	Baker, FL 32531

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09/23/08--01068--009 **450.00

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:

John R. Adams John R. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/2008

Date

850-423-1223

Daytime Phone #

FILED

08 SEP 29 PM 4:57

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

CR2E081 (12/07)