


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000025555 1. Entity Name JAMES ADAMS INSTALLATION, INC.						FILED 06 OCT 27 2006 SEC. OF TREASURY TALLAHASSEE, FL 32301	
Principal Place of Business 26 PINECREST DRIVE CRAWFORDVILLE, FL 32327				Mailing Address 26 PINECREST DRIVE CRAWFORDVILLE, FL 32327			
2. Principal Place of Business Suite, Apt. #, etc. 26 Pinecrest DR City & State Crawfordville FL Zip 32327				3. Mailing Address Suite, Apt. #, etc. 26 Pinecrest DR City & State Crawfordville FL Zip 32327			
Country WAKULA				Country WAKULA			
4. FEI Number 76-0750321				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				REINSTATEMENT 2006 10082006-01-11/06			
6. Name and Address of Current Registered Agent ADAMS, JAMES 26 PINECREST DRIVE CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>James Adams</u> <u>James Adams</u> <u>10/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input type="checkbox"/> Delete NAME ADAMS, JAMES STREET ADDRESS 26 PINECREST DRIVE CITY-ST-ZIP CRAWFORDVILLE, FL 32327				<input type="checkbox"/> Change <input type="checkbox"/> Addition 800081275008 10/27/06--01026--017 **750.00			
TITLE S <input checked="" type="checkbox"/> Delete NAME SASKA, GEORGE A STREET ADDRESS 28 ANN CIR CITY-ST-ZIP CRAWFORDVILLE, FL 32327				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>James Adams</u> <u>10/25/06</u> <u>850-421-2599</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							