## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000045217

Entity Name: JASON H ADAMS, PA

FILED Jul 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 362 GULF BREEZE PKWY GULF BREEZE, FL 32561 **Current Mailing Address: New Mailing Address:** 362 GULF BREEZE PKWY GULF BREEZE, FL 32561 FEI Number: 20-2559906 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADAMS, JASON H 362 GULF BREEZE PKWY SUITE 135 GULF BREEZE, FL 32561 US 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. SIGNATURE: JASON H ADAMS Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete () Change () Addition ADAMS, JASON H Name: Name: 362 GULF BREEZE PKWY, #135 Address: Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: FULLER, CHARLES Name: 362 GULF BREEZE PKWY #135 Address: Address: GULF BREEZE, FL 32561 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON H ADAMS PSTD 07/17/2009