

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 APR 29 AM 7:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000051468

1. Corporation Name **ADAMS DESIGN GROUP, INC.**

700178914517
04/29/10--01011--025 **450.00

2. Principal Office Address - No P.O. Box #
27020 Del Lane

3. Mailing Office Address
27020 Del Lane

Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip Country
34135 USA

Zip Country
34135 USA

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida **4/27/07**

5. FEI Number **20-8939547**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name **Thomas P. Moss**

Street Address (P.O. Box Number is Not Acceptable)
8913 Conroy Windermere Road

Suite, Apt. #, Etc.

City State Zip Code
Orlando FL 32835

PROFIT CORPORATIONS ONLY
 The \$600.00 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 *Thomas P. Moss* Date **4/27/10**
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:	Mary K. Adams	27020 Del Lane	Bonita Springs, FL 34135

REINSTATEMENT

RH

10. E-mail Address: **katie@exclusivedm.com**

(To be used for future annual report notification)

11. 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. I further certify, 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: *Mary K. Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/27/10** Daytime Phone # **239-537-2140**