

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 11 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P08000101575**

1. Corporation Name **Adams Van Line, Inc.**

2910 Kerry Forest PKW D4 50

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

2910 Kerry Forest PKW D4

Suite, Apt. #, etc.

Suite 115

City & State

Tallahassee FL

Zip

B 32309

Country

Leon

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

400168554274
02/12/10--01001--002 **300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

11-14-2008

5. FEI Number

☒ 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

Donald Adams

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

1523 Pine Forest Dr

Suite, Apt. #, Etc.

2nd

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2-11-10**

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
VP	Donald Adams	1523 Pine Forest Dr.	Tallahassee FL 32301
P	Leslie Adams	2806 Bundoran Way	Tallahassee FL 32309

REINSTATEMENT

10. E-mail Address: **AdamsVanLine @ live.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 filling 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-10 830.688.3992

Date

Daytime Phone #