

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 26 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P9300000714*

1. Corporation Name

Adams Insurance, Inc.

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

1425 Market St.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee Florida

City & State

Zip

Country

Zip

Country

32312

US

7. Name and Address of Current Registered Agent

Name

A. David Adams

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

2905 Shamrock N.

Suite, Apt. #, Etc.

29

City

Tallahassee

State

FL

Zip Code

32309

4. Date Incorporated or Qualified
To Do Business in Florida

U.S.

5. FEI Number

59-3157208

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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]

Date

1/26/10

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
<i>President</i>	<i>A. David Adams</i>	<i>1425 Market St.</i>	<i>Tallahassee, FL 32309</i>

DC 1/26/10

10. E-mail Address:

(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/10

Date

(850)544-2446

Daytime Phone #