

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -8 AM 6:47

DOCUMENT #

P93000022999

1. Corporation Name

The Adept Group Limited, Inc.

2. Principal Office Address

103A Solana Road

3. Mailing Office Address

226-5 Solana Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 224

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

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

3/25/93

5. FEI Number

59-3179587

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-00

7. Name and Address of Current Registered Agent

Name

John S. Ball

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

One Independent Drive

Suite, Apt. #, Etc.

Suite 2600

City

Jacksonville

State
FL

Zip Code
32202

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

John S. Ball

REGISTERED AGENT MUST SIGN

Date 8/1/00

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
PSD	Paul J. O'Connor	105 Greencrest Drive	Ponte Vedra Beach, FL 32082
VD	Donna M. O'Connor	105 Greencrest Drive	Ponte Vedra Beach, FL 32082

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. O'Connor
Date Aug 3, 2000 (904) 296 3256
Daytime Phone #

CR2E081 (9/99)