

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P94000032615

1. Corporation Name

Adams Aluminum and Concrete, INC.

2. Principal Office Address

16 Cherry Course

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34472

Country

USA

3. Mailing Office Address

16 Cherry Course

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34472

Country

USA

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

4/26/94

5. FEI Number

59-3230863

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

Glen A ADAMS

900005396859-1

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

16 Cherry Course

-05/01/02--01/01/02

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Ocala, FL

State
FL

Zip Code

34472

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

Glen A Adams

Date

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

Glen A. Adams

16 Cherry Course

Ocala, FL 34472

S

Russell K. Adams

1524 SE 37th Avenue

Ocala, FL 34471

REINSTATEMENT

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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:

Glen A Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-11-02

Daytime Phone #

352-875-6361