

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 NOV 21 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000048035**

**1. Corporation Name**

Adams Distribution Services, Inc.

**2. Principal Office Address**

302 Finley Avenue West

Suite, Apt. #, etc.

City & State

Birmingham, AL

Zip  
35202

Country  
US

**3. Mailing Office Address**

P.O. Box 2682

Suite, Apt. #, etc.

City & State

Birmingham, AL

Zip  
35202-2682

Country  
US

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

6/23/94

**5. FEI Number**  
63-1121829

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

*2000-2005 Reinst*  
CR2E081 (8/05)

**7. Name and Address of Current Registered Agent**

Name  
**Tommy Sundy**

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

Suite, Apt. #, Etc.

City  
**Destin**

State  
**FL**

Zip Code  
**32541**

*[Signature]* 11/21

**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 of Tommy Sundy]*  
REGISTERED AGENT MUST SIGN

Date **11/16/05**

**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	John McCray	302 Finley Avenue West	B'ham, AL 35202
VP	Carl Adams, III	302 Finley Avenue West	B'ham, AL 35202

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11/21/05--01003--006 \*\*1608.75

**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 of John McCray]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/15/05**

Date

**205-323-7161**

Daytime Phone #