

APPLICATION  
• FOR  
REINSTATEMENT



DOCUMENT # PA1000009462  
1. Corporation Name Adamo Ventures, Inc.

STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1009-13020  
Mailing Address  
PO BOX 260758  
Tpa FL 33685

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

369/ SR 380 Unit A  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

369/ SR580  
Suite, Apt #, etc. /

City & State Oldsmar, FL  
Zip 34651 Country USA

City & State Oldsmar FL  
Zip 34677 Country

# REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3845792

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Pres. Keith R Johnson	3691 SR 580 Unit H Oldsmar, FL 34677	
			400002911404--4
			-06/21/99--01161--011
			****525.00 ****525.00
			400002911404--4
			-06/21/99--01161--012
			****525.00 ****525.00
			LS

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

**9. Name and Address of New Registered Agent**

Name Keith R Johnson  
Street Address (P.O. Box Number is Not Acceptable) 3691 SR 580 Unit 14  
Suite, Apt #, Etc

City Altamonte Springs FL State FL Zip Code 34677

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent   

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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: Keith Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-99

813 8140358

CR2E0B1 (12/98)