PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 29 AM 8: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037345

**1.** Corporation Name

Adams Roberts, Inc.

← Note: New Address

REINSTATEMENT 99-02

**2.** Principal Office Address
905 East MLK Drive

**3.** Mailing Office Address
Same as #2

Suite, Apt. #, etc.
Ste. 520

Suite, Apt. #, etc.

City & State
Tarpon Springs, FL

City & State

Zip
34689

Country
Pinellas

Zip

Country

**4.** Date Incorporated or Qualified To Do Business in Florida   4/23/98

**5.** FEI Number   65-0833667   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
Robert F. Stugard

Street Address (P.O. Box Number is Not Acceptable)
905 East MLK Drive

Suite, Apt. #, Etc.
Suite 520

City
Tarpon Springs, FL

State FL   Zip Code 34689

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--03/04/02--01042--002
***1200.00   ***1200.00

**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   _Robert F. Stugard_
REGISTERED AGENT MUST SIGN

Date 8-27-02

CR2E081 (9/01)

**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 |
|---|---|---|---|
| Pres. | Robert F. Stugard | (#7 Above) | |
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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:   _Robert F. Stugard_   8-27-02   (727)945-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #