

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 20 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000029694

1. Corporation Name

ROBERT PARKER ADAMS & CO., P.A.

Principal Place of Business

140 N. ORLANDO AVE., SUITE 275
WINTER PARK FL 32789

Mailing Address

140 N. ORLANDO AVE., SUITE 275
WINTER PARK FL 32789

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

2. New Principal Office Address, If Applicable

140 N. Orlando Ave

Suite, Apt. #, etc.

Suite 275

City & State

Orlando Winter Park, FL

Zip

32789

Country

3. New Mailing Office Address, If Applicable

140 N. Orlando Ave

Suite, Apt. #, etc.

Suite 275

City & State

Orlando Winter Park, FL

Zip

32789

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1999

5. FEI Number

59-3574734

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	ADAMS, ROBERT P	140 N. ORLANDO AVE., SUITE 275 150	WINTER PARK FL 32789

REINSTATEMENT

600003447816--8
-11/01/00--01112--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ADAMS, ROBERT P
140 N. ORLANDO AVE., SUITE 275
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

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

SUITE 275

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/17/2001

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert P. Adams

10/17/2001

Date

Daytime Phone #

407-644-6696