

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000029694

1. Corporation Name

Robert Parker Adams & Co., P.A.

2. Principal Office Address - No P.O. Box #
1800 Pembrook Dr

3. Mailing Office Address
P.O. Box 3167

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.

City & State
Orlando

City & State
Winter Park

Zip Country
32810 USA

Zip Country
32790 USA

REINSTATEMENT 04-6
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **03/29/1999**

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. Name and Address of Current Registered Agent

Name
Robert P. Adams

Street Address (P.O. Box Number is Not Acceptable)
1800 Pembrook Dr

Suite, Apt. #, Etc.
Suite 300

City State Zip Code
Orlando FL 32810

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

Robert P. Adams

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **6/11/07**

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 P. Adams | 1800 Pembrook Dr Suite 300 | Orlando FL 32810 |
| VP | Jessie M. Adams | 1800 Pembrook Dr Suite 300 | Orlando FL 32810 |
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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 contained in Chapter 119, 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.

Robert P. Adams

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/11/07**

407-644-6646

Date

Daytime Phone #