

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

97 DEC 10 AM 11:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 219756

1. Corporation Name
E.A.B., INC.

Principal Place of Business Mailing Address
1488 NORTHBRIDGE DR. -1488 NORTHBRIDGE DR.
P.O. BOX 520549 -P.O. BOX 520549
LONGWOOD FL 32752-7549 LONGWOOD FL 32752-7549



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

2. New Principal Office Address, If Applicable 708 Flatwood Dr.	3. New Mailing Office Address, If Applicable SAME	4. Date Incorporated or Qualified To Do Business in Florida 01/30/1959
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-0863747
City & State Winter Springs, FL	City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip 32708	Zip Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	ABRAMS, JR., EVERETT	1488 NORTHBRIDGE DR. SAME	LONGWOOD FL
S	ABRAMS, NINA	1488 NORTHBRIDGE DR.	LONGWOOD FL
			REINSTATEMENT 97 36 12-12-97

8. Name and Address of Current Registered Agent ABRAMS, JR., EVERETT 1488 NORTHBRIDGE DR. LONGWOOD FL 32750 <i>SAME</i>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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 **Everett Abrams Jr.** Date **11-9-97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: **Everett Abrams Jr.** 11-9-97 (407) 369-2620
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (8/97)