

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000001429

Entity Name: ABCO TRANSPORTATION, INC.

FILED
Oct 13, 2009
Secretary of State

Current Principal Place of Business:

20537 US HWY 301 NORTH
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

20537 US HWY 301 NORTH
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 59-3206435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DONNA MOCH

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABERNATHY, IVAN
Address: 20537 US HWY 301 N
City-St-Zip: DADE CITY, FL 33523

Title: ST () Delete
Name: ABERNATHY, IVAN
Address: 20537 US HWY 301 N
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: ABERNATHY, NORMA
Address: 20537 US HWY 301 N
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: LAUGHLIN, DEXTER
Address: 20537 US HWY 301 N
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA HENRY

ASST

10/13/2009

Electronic Signature of Signing Officer or Director

Date