

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

98 NOV 19 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K16410**

1. Corporation Name

ABSTRACTIONS II, INC.

Principal Place of Business

Mailing Address

483 S FLAGLER
~~7410 DOVER CT~~
POMPAÑO FL 33060
US

% MARGARET NABRIDGE
7410 DOVER CT
PARKLAND FL 33067

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

483 S. Flagler Ave

483 S. Flagler Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach

Pompano Beach

Zip

Country

Zip

Country

FL

33060

33060

Broward

4. Date Incorporated or Qualified To Do Business in Florida

02/29/1988

5. FEI Number

65-0033219

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)	1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director	3	City / State / Zip	4
D		NABRIDGE, MARGARET		7410 DOVER CT		PARKLAND FL	

400002701724--9
12/03/98 01061 023
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NABRIDGE, MARGARET
7410 DOVER CT
PARKLAND FL 33067

**483 South Flagler Ave.
Pompano Beach, FL 33060**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Margaret Nabridge
REGISTERED AGENT MUST SIGN

Date

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:

Margaret Nabridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/98
Date

(954) 941-3265
Daytime Phone #

CR2ED040 (9/98)

20/2

ABSTRACTIONS II, INC.
483 South Flagler Ave.
Pompano Beach, Florida 33060

Phone: (954)941-3265

Cellular: (954)647-8263

Fax: (954)941-6227

November 16, 1998

Florida Department of State
Division of Corporations
Tallahassee, FL 32314

To whom it may concern,

As per my conversation with one of your representative this morning, Nov. 16, 1998, I am enclosing a check for \$150.00, the original fee for an annual report. Please reinstate the corporation. My original check was sent in a timely fashion and has not been received by you. Your representative indicated that re-issuance of the original amount would be all that is required for the reinstatement.

Thank you for your attention to this matter. Please note the changes in both mailing and business address.

Sincerely,

Margaret Nabridge
Margaret Nabridge
President