

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FRED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 AUG 19 PH 2:53

DOCUMENT # **L 66920**

1. Corporation Name

ABANA, INC.

Principal Place of Business
6619 S. DIXIE HWY # 171 MIAMI, FL 33143

Mailing Address
6619 S. DIXIE HWY # 171 MIAMI, FL 33143

REINSTATEMENT 9859

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

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3010102

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
PD	GOEDERT MARCEL	6619 S. DIXIE HWY # 171	MIAMI, FL 33143
VP	PETERS J	2519 Mc MILLAN BOOTH ROAD - # 510-171	CLEARWATER, FL
VP	MARICH PETER	410 S. LINCOLN AVEN.	CLEARWATER, FL

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 -08/24/99--01080--007
 ****908.75 ****908.75

08/18/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOEDERT MARCEL
 6619 S. DIXIE HWY # 171
 MIAMI, FL 33143

Name **GOEDERT MARCEL**
 Street Address (P.O. Box Number is Not Acceptable)
6619 S. DIXIE HWY # 171
 Suite, Apt. #, Etc.
171
 City **MIAMI** State **FL** Zip Code **33143**

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]
 REGISTERED AGENT MUST SIGN

Date **08/18/99**

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

08/18/99 **305/669-3931**
 Date Daytime Phone #

CR2E081 (12/98)