

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23039

1. Corporation Name

Abbey Property Owners, Inc.

2. Principal Office Address - No P.O. Box #

502 S. Willow Avenue

Suite, Apt. #, etc.

Unit 8

City & State

Tampa, Florida

Zip

33606

Country

U.S.

3. Mailing Office Address

502 S. Willow Avenue

Suite, Apt. #, etc.

Unit 8

City & State

Tampa, Florida

Zip

33606

Country

U.S.

7. Name and Address of Current Registered Agent

Name

Stuart Hunter

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

502 S. Willow Avenue

Suite, Apt. #, Etc.

Unit 8

City

Tampa

State

FL

Zip Code

33606

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **6/26/2009**

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	Stuart Hunter P	502 S. Willow Avenue, Unit 8	Tampa, Florida 33606
Treas	Joanne Rock T	502 S. Willow Avenue, Unit 4	Tampa, Florida 33606
VP	Chris Kline V	502 S. Willow Avenue, Unit 5	Tampa, Florida 33606

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/2009

Date

813-254-5488

Daytime Phone #

FILED

09 JUL -7 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100158206491
07/07/09--01019--004 **253.75

REINSTATEMENT 06-09

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

10-15-1987

5. FEI Number
59-3373214

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee - required
for a Certificate of Status

☒ 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.