

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 24 PM 1:19

DOCUMENT # P01000087344

**1. Corporation Name**

Abaco Investment Group, INC.

**2. Principal Office Address**

76 South Laura st

Suite, Apt. #, etc.

ste 2111 Box 2 B

City & State

Jacksonville, FL

Zip

32202

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/5/2001

**5. FEI Number**

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

000015168550

04/02/03--01039--001 \*\*300.00

**7. Name and Address of Current Registered Agent**

Name

Edwin Rivers A. Scott Hall

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

505 North Liberty st

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

**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

*[Signature]*

Date 03-24-03

REGISTERED AGENT MUST SIGN

**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	A. Scott Hall	76 South Laura st ste 2111 Box 2 B Jacksonville	Jacksonville, FL 32202

**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 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

03-24-03 904 353-9097

Date

Daytime Phone #

CR2E081 (10/02)


03-24-03

To whom it May Concern!

I am filing this reinstatement form because the business relocated to a new address and did not receive the <sup>re</sup>filing paper in a timely fashion. Abaco continued doing business usual.

Thank you in advance for your assistance with this matter

Sincerely

A. J. B.   
President.