

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000002150</b> 1. Entity Name ABBA COMPUTER SYSTEMS INC	
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FILED  
 04 NOV 23 AM 11:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 8720 SW HWY. 200, #3 OCALA, FL 34481	Mailing Address 8720 SW HWY. 200, #3 OCALA, FL 34481
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10252004 REIN-P CR2E098 (6/04)  
 74-3112803  
 4. FEI Number 74-3112803 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	
VOISINET, ANTHONY V 8720 SW HWY. 200, #3 OCALA, FL 34481	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Anthony V Voisinet Sr.  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input type="checkbox"/> Delete VOISINET, ANTHONY V 8720 SW HWY. 200, #3 OCALA, FL 34481	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100042476891 11/04/04--01049--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input type="checkbox"/> Delete MCDANIEL, CARLA 8720 SW HWY. 200, #3 OCALA, FL 34481	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11/23

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: Anthony V Voisinet SR 11/02/04 861-2550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ABBA Computer Systems Inc**

8720 SW Hwy 200#3

Ocala FL 34481

352-861-2550

352-861-1584

November 2, 2004

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Florida Dept. of State  
Glenda Hood  
P.O. Box 6327  
Tallahassee FL 32314  
80-245-6056

RE: P04000002150

Enclosed are the reinstatement application and a check in the amount of \$150.00. We were unaware of the filing fee due to the fact that we never received the original form or the late file postcard. The only correspondence received was the notification of dissolution. Please negate the \$600.00 late charge. Now that we are aware of the fee it will be filed and paid on time.

Thank you,

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Anthony Voisinet