

# 2009 FOR PROFIT CORPORATION REINSTATEMENT


**FILED**

2009 JUN -4 P 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06000060199**

1. Entity Name  
**APPLIED BUILDING DEVELOPMENT OF ORLANDO - PROVIDENCE MARKETING COMPANY, INC.**



Principal Place of Business  
**8000 THE ESPLANADE  
ORLANDO, FL 32836**

Mailing Address  
**8000 THE ESPLANADE  
ORLANDO, FL 32836**

2. Principal Place of Business - No P.O. Box #  
**7380 W. Sand Lake Rd**

3. Mailing Address  
**7380 W. Sand Lake Rd**

Suite, Apt. #, etc  
**Suite 420**

Suite, Apt. #, etc  
**Suite 420**

City & State  
**Orlando FL**

City & State  
**Orlando FL**

Zip  
**32819**

Country

Zip  
**32819**

Country



04282009 REIN-P CR2E098 (1/07)

4. FEI Number  
**20-4772574**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**KOHN, DAVID  
8000 THE ESPLANADE  
ORLANDO, FL 32836**

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

Name

Street Address (P.O. Box Number is Not Acceptable)  
**7380 W. Sand Lake Rd Suite 420**

City **Orlando** FL Zip Code **32819**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GUERON, DAN V</b>	
STREET ADDRESS	<b>7380 W. SAND LAKE RD. STE 420</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>KOHS, DAVID</b>	
STREET ADDRESS	<b>7380 W. SAND LAKE RD. STE 420</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kohn (spelled wrong)</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000156792440  
06/04/09--01037--008 \*\*300.00

**REINSTATEMENT**

08-09

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-28-09** Daytime Phone # \_\_\_\_\_