

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000097823

1. Corporation Name

ABBOTT PUBLISHING, INC.

Principal Place of Business

Mailing Address

9C LEXINGTON LANE EAST
PALM BEACH GARDENS FL 33418

9C LEXINGTON LANE EAST
PALM BEACH GARDENS FL 33418

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

113 Timber Lane
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

113 Timber Lane
Suite, Apt. #, etc.

City & State Jupiter, FL

City & State Jupiter, FL

Zip 33458 Country

Zip 33458 Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1997

5. FEI Number

65-079-7822

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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
D	ABBOTT, AMY	9C LEXINGTON LANE EAST New Address 113 Timber Lane	PALM BEACH GARDENS FL 33418 Jupiter, FL 33458

8. Name and Address of Current Registered Agent

ABBOTT, AMY
9C LEXINGTON LANE EAST 113 Timber Lane
PALM BEACH GARDENS FL 33418 Jupiter, FL 33458

9. Name and Address of New Registered Agent

Name

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

113 Timber Lane

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33458

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/16/98

11. This corporation owes or has paid 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
12/16/98

Date

Daytime Phone #

561/748-4806

REINSTATEMENT 98

APPROVED
AND
FILED

98 DEC 22 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2040 (9/98)