

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 30 PM 12:44

DOCUMENT # P98000105813

1. Corporation Name

ABIGAIL BLISS ENTERPRISES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2525 4TH ST N  
ST PETERSBURG FL 33704

Mailing Address

2525 4TH ST N  
ST PETERSBURG FL 33704



REINSTATEMENT 1999

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/17/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3549926

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	BLISS, ABIGAIL	2800 4TH ST N (Box 115)	ST PETERSBURG FL 33704
			500003099665--1 -01/14/00-01095-023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BLISS, ABIGAIL  
2525 4TH ST N  
ST PETERSBURG FL 33704

9. Name and Address of New Registered Agent

Name: Abigail Bliss  
Street Address (P.O. Box Number is Not Acceptable): 2525 4th St. No  
Suite, Apt. #, Etc.:  
City: St. Petersburg State: FL Zip Code: 33704

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

*Abigail Bliss* REGISTERED AGENT MUST SIGN

Date 12.27.99

11. 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:

*Abigail Bliss (ABIGAIL BLISS)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.27.99

Date

727-826-6239  
Daytime Phone #

CR2E040 (8/99)