

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 # **P97000086406**

1. Corporation Name

ABACO LAND DEVELOPMENT COMPANY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~721 HUCKLEBERRY LANE~~
~~NORTH PALM BEACH FL 33408~~

~~721 HUCKLEBERRY LANE~~
~~NORTH PALM BEACH FL 33408~~

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

789 South Federal Highway
Suite, Apt. #, etc. Suite 310

789 South Federal Highway
Suite, Apt. #, etc. Suite 310

City & State Stuart, Florida

City & State Stuart, Florida

Zip 34994 Country USA

Zip 34994 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

10/06/1997

5. FEI Number

65-0862251

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	KNOX, ROBERT T	721 HUCKLEBERRY LANE	NORTH PALM BEACH FL 33408
D	EnterLine, JACK J.	1010 Grandview Blvd	FT. Pierce, FL 34982

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~KNOX, ROBERT T~~
~~721 HUCKLEBERRY LANE~~
~~NORTH PALM BEACH FL 33408~~

Name

William E. Corley III

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

789 South Federal Highway

Suite, Apt. #, Etc.

Suite 310 - Bldg 2

City

Stuart

State

FL

Zip Code

34994

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

William E. Corley III

REGISTERED AGENT MUST SIGN

Date May 25, 1999

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:

Robert T. Knox Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 25, 1999
Date

(561) 781-9900
Daytime Phone #

CR2040 (9/98)