

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105813

1. Corporation Name

ABIGAIL BLISS ENTERPRISES, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1998

5. FEI Number

59-3549926

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

SIGNATURE REQUIRED
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)

12.27.99

Date

Daytime Phone #

CR2E040 (8/99)