

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JAN -5 P 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075886

1. Corporation Name

ABS 4, Inc.

2. Principal Office Address - No P.O. Box #

999 Vanderbilt Beach Road

Suite, Apt. #, etc.

200

City & State

Naples, FL 34108

Zip

34108

Country

USA

3. Mailing Office Address

PO Box 771389

Suite, Apt. #, etc.

City & State

Naples, FL 34107

Zip

34107

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 7/31/2001

5. FEI Number

593734933

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kate Kraska

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

60 Seagate Drive

Suite, Apt. #, Etc.

501

City

Naples, FL

State

FL

Zip Code

34103

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Kate Kraska

REGISTERED AGENT MUST SIGN

Date

1/4/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pr/Dir	John A. Rousseau	999 Vanderbilt Beach Road	Naples, FL 34108
S/T/Dir	Kate Kraska	999 Vanderbilt Beach Road	Naples, FL 34108
Ch/Dir	Richard S. Kraska	999 Vanderbilt Beach Road	Naples, FL 34108

REINSTATEMENT

07-2010

800164412248

01/05/10--01011--007 **600.00

10. E-mail Address: kate@absempro.com

(To be used for future annual report notification)

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. I further certify, 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:

Kate Kraska

KATE KRASKA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2010

Date

239-261-3700

Daytime Phone #