

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR -3 AM 8:49

DOCUMENT # ~~317393~~ 317393

1. Corporation Name

ABC FABRICS, INC.

2. Principal Office Address

1313 GRAY ST

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33606

Country

USA

3. Mailing Office Address

SAME N/A

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

**REINSTATEMENT 06-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

1967

5. FEI Number

59-1169361

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

GARY COHEN

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

1313 GRAY ST

Suite, Apt. #, Etc.

200003996352-3

04/13/01 01026 103

\*\*\*\*908.75 \*\*\*\*908.75

City

TAMPA

State

FL

Zip Code

33606

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

REGISTERED AGENT MUST SIGN

GARY COHEN

Date 3-28-01

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
CO-PRES/D	GARY COHEN	1313 GRAY ST	TAMPA FL 33606
CO-PRES/D	ANDREW COHEN	1313 GRAY ST	TAMPA FL 33606
SEC/TREAS/D	DOROTHY COHEN	1313 GRAY ST	Tampa FL 33606

10. 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

GARY COHEN

3-28-01

Date

813-220-0808

Daytime Phone #

CR2E081 (9/00)