

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT 28 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 523736

96AR

1. Corporation Name

CONTINENTAL FIXTURE AND DISPLAY, INC.

Principal Place of Business

4512 WEST ORIENT ST.
TAMPA FL 33614

Mailing Address

4424 WILLOW RUN LANE
TAMPA FL 33624
US

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

01/13/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1714675

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	ABINANTI, VICKIE	4424 WILLOW RUN LANE	TAMPA FL
V	ODOM, ROBERT	4424 WILLOW RUN LANE	TAMPA FL
ST	ABINANTI, JOSEPH	4424 WILLOW RUN LN	TAMPA FL

8. Name and Address of Current Registered Agent

ABINANTI, VICKIE
4424 WILLOW RUN LANE
TAMPA FL 33624

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vickie Abinanti
Vickie ABINANTI

10-22-96 813-879-9850
Date Daytime Phone #

CR2E040 (7/96)

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL. 32314-6327

OCTOBER 22, 1996

RE: CONTINENTAL FIXTURE AND DISPLAY, INC.
4424 WILLOW RUN LANE
TAMPA, FL. 33624-1713
(813) 879-9850

GENTLEMEN:

Continental Fixture and Display, Inc. filed and paid the
the State annual fee on check #8948 dated Feb. 20, 1996
I am sending you a copy of the bank statement were the
check cleared and a copy of both sides of the cancelled
check, please let me know the status of this situation
as soon as possible.

Sincerely,

Vickie Abinanti, President

VICKIE ABINANTI, PRESIDENT