

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 NOV -5 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

656994

1. Corporation Name

Plaques Unlimited, Inc.

Principal Place of Business

Mailing Address

12100 31st Court North
St. Petersburg, FL 33716

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 94-98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

2/25/80

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1980250

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State & Zip
1	2	3	4
P	George X. Abell	2413 Dustin Circle	Spring Hill, FL 34608
VP	Suzanne L. Abell	2413 Dustin Circle	Spring Hill, FL 34608
T	Fred H. Hale	1975 Levine Lane	Clearwater, FL 34608

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

George X. Abell
2413 Dustin Circle
Spring Hill, FL 34608

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

George X. Abell

REGISTERED AGENT MUST SIGN

Date

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: *George X. Abell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AS PRESIDENT

Date

Daytime Phone #

10-1-98

CR2000 (1/98)