

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 16 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 673127

1. Corporation Name

ABARTEE, INC.

2. Principal Office Address

550 OAKS LANE

3. Mailing Office Address

Same as 2

Suite, Apt. #, etc.
#102-62

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

Zip

33069

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/81

5. FEI Number

N/A

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

BARBARA LAMAR TAYLOR

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

550 OAKS LANE

Suite, Apt. #, Etc.

#102-62

City

POMPANO BEACH

State
FL

Zip Code
33069

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

Date

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
/D	BARBARA LAMAR TAYLOR	550 OAKS LANE, #102-62	POMPANO BEACH, FL 33069

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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:

Barbara Lamar Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/04

Date

954-917-8088

Daytime Phone #

CR2ED01 (01/04)