


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 744539</b> 1. Entity Name ABBINGTON STREET CONDOMINIUMS ASSOCIATION, INC.					
Principal Place of Business 1912 ABBINGTON ST N/A APOPKA, FL 32712 US			Mailing Address 1922 ABBINGTON ST APOPKA, FL 32712 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <i>1932 ABBINGTON ST.</i> Suite, Apt. #, etc.			
City & State		City & State <i>APOPKA FL</i>		4. FEI Number 59-2414139	
Zip 32712		Country Change		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SMITH, AL 1932 ABBINGTON ST APOPKA, FL 32712			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Al Smith</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>11-26-08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEIKLE, JUNAN 1922 ABBINGTON ST APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>100138346911</i> <i>12/01/08--01071--021 **\$61.25</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTSON, WENDY SEC 1912 ABBINGTON ST. APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, AL 1932 ABBINGTON ST APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>56</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Al Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>11-26-08</i> Daytime Phone # <i>407 880 2370</i>	

**FILED**

08 DEC -1 PM 12:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



11252008 REIN-NP CR2E099 (1/07)