

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000005942

1. Entity Name
ABA, INC. OF CT



Principal Place of Business
**21 BEACH DRIVE
MYSTIC, CT 06355-3291**

Mailing Address
**21 BEACH DRIVE
MYSTIC, CT 06355-3291**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

11022004 REIN-P CR2E098 (6/04)

4. FEI Number
06-1586205

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GODREAU, DARRYL
8348 JESOLO LANE
SARASOTA, FL 34238**

7. Name and Address of New Registered Agent

Name **ZUCKETT, CRAIG**
Street Address (P.O. Box Number is Not Acceptable)
9002 WESTBAY BLVD.
City **Tampa** FL Zip Code **33615**

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 **CRAIG ZUCKETT** *[Signature]* **10/31/04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BELLINGHERI, ANDREW P 21 BEACH DRIVE MYSTIC, CT 06355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500042606885 11/09/04--01072--004 **150.00
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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 exemption stated in Section 119.07(3)(i), 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 607, 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: *[Signature]* **CELESTE BELLINGHERI** **10/31/04** **860-536-4445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
04 NOV -9 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



X 204